2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # 503561** 1. Entity Name IVORY TOWER ENTERPRISES, INC. 04-13-2001 90001 017 ***150.00 Principal Place of Business Mailing Address 1400 S. NOVA RD. #227 P.O. BOX 4267 S. DAYTONA BEACH FL 32121 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1698850 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COCHRANE, GEORGE BRADLEY Street Address (P.O. Box Number is Not Acceptable) 1400 S. NOVA RD. #227 DAYTONA BEACH FL 32114 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change □ Delete TITLE TITLE BRICK, SHERRY E. NAME NAME 5500 KINGSWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP PCO ☐ Change TITLE ☐ Delete TITLE SCHNIBBEN, SHIRLEY E NAME NAME STREET ADDRESS 3408 COUNTRY MANOR DR STREET ADDRESS S DAYTONA FL CITY-ST-ZIP CITY-ST-ZIP TS === TITLE Change Addition TITLE Delete ~ JENNE, SALLY E NAME NAME STREET ADDRESS 7607 MONCLAIR CT STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE COCHRANE, THOMAS MICHAEL NAME NAME 21 PALM CASTLE DR STREET ADDRESS STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP CITY-ST-7IP CCEO ☐ Addition ☐ Delete ☐ Change TITLE TITLE COCHRANE, G. BRAD NAME NAME 1400 S NOVA RD #227 STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all given an address, with all given an address, with all given an address.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

VD

DAYTONA BEACH FL

DAYTONA BEACH FL

COCHRANE, MARGARET E.

1400 SOUTH NOVA ROAD, #226

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/10/01

904-255-7974 Daytime Phone #

☐ Change

☐ Addition

CR2E034