FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 09, 2002 8:00 am Secretary of State DOCUMENT # 514313 1. Entity Name 09-09-2002 90014 038 ***550.00 GRANT TOWNSEND, INC. Principal Place of Business Mailing Address 3521 AMBASSADOR ROAD 3521 AMBASSADOR ROAD WELLINGTON FL 33414 WELLINGTON FL 33414 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1697273 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOWNSEND, GRANT Street Address (P.O. Box Number is Not Acceptable) 3521 AMBASSADOR ROAD WEST PALM BCH. FL 33414 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition TOWNSEND, GRANT NAME NAME STREET ADDRESS 3521 AMBASSADOR ROAD STREET ADDRESS CITY-ST-ZIP WELLINGTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TOWNSEND, MARGARITA STREET ADDRESS 3521 AMBASSADOR ROAD STREET ADDRESS CITY-ST-ZIP WELLINGTON FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change — - 🖃 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 other like empowered.

EGRANT LOWNSOND 9-5-02 543103992 SIGNATURE