2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State **DOCUMENT # 559836** 1. Entity Name EURASIAN GARAGES, INC. 05-14-2001 90101 028 ***150.00 Principal Place of Business Mailing Address 1509 GRACE AVE 1509 GRACE AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 34205 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1789016 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VICKERS, REGINALD E Street Address (P.O. Box Number is Not Acceptable) 1509 GRACE AVENUE PANAMA CITY FL 32405 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition PVD ☐ Delete TITLE DITE NAME VICKERS, REGINALD E NAME STREET ADDRESS STREET ADDRESS 1024 OXFORD PLACE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition ☐ Change ☐ Delete NAME VICKERS, REGINALD E STREET ADDRESS STREET ADDRESS 1024 OXFORD PLACE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 other like empowered.

SIGNATURE AND TYPED OF PRINTIPO NAME OF SIGNING OFFICER OR DIR