2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or true ee empowers changed, or on an attachment with an address, with a

SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # 577583 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** BOUTWELL ENTERPRISES, INC. 01-19-2000 90210 049 ***150.00 Mailing Address Principal Place of Business 3600 GREENWOOD ROAD ROUTE #3 (HIGHWAY #89 FOUR (4) MILE JAY FL 32565-9122 SOUTH OF JAY, BOX 391 JAY FL 32565 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 59-1839656 Not Applicable 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-BOUTWELL, BOBBY ALAN Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 4 (POST OFFICE BOX 338 ONE MILE W. OF JAY ESTECH INC.BLDG. JAY FL 32565 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable CATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change CR2E034 :9/99 ■ Addition ☐ Delete TITLE TITLE BOUTWELL, BILLY RONALD NAME NAME STREET ADDRESS 3600 GREENWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAY FL Addition ☐ Change ☐ Delete TITLE TITLE NAME **BOUTWELL, DUPREE LAVON** NAME RT. 3, BOX 931 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jay Fl TITLE STD Delete TITLE ≃r=[-] · Change --NAME **BOUTWELL, BOBBY ALAN** NAME STREET ADDRESS RT. 2. STATE RD 197 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAY FL ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 true empowers of a execution is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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