FILED 2003 FOR PROFIT CORPORATION Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State **DOCUMENT #** 594416 02-14-2003 90181 030 ***150.00 1. Entity Name AGADIR, INC. Mailing Address Principal Place of Business 28 CORDOVA STREET 28 CORDOVA STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1875404 Not Applicable City & State \$8.75 Additional 5. Certificate of Status Desired Country Zip Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PELLICER, CHARLES E. 28 CORDOVA STREET ST. AUGUSTINE FL 32084 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 炒 Added to Fees П Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change 10. TITLE Delete TITLE CHAMPION, GEORGE JR NAME STREET ADDRESS STREET ADDRESS 28 CORDOVA ST CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FI ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

CR2E034 (10/02)