2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT #597559 May 30, 2000 8:00 am Secretary of State TRUMBLE ENTERPRISES, INC. 05-30-2000 90102 028 ***150.00 Principal Place of Business Mailing Address SAME 4 IRONWOOD COURT B0101401 ORMOND BEACH, FL 32174 2. Principal Place of Business 3. Mailing Address IRONWOOD TRONWOOD CT. URHUND B Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State ORMOND Not Applicable MRMOND \$8.75 Additional 5. Certificate of Status Desired _____ loLusia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAUL UPCHURCH Street Address (P.O. Box Number is Not Acceptable) 1745eAbReeze BLVd DAYTONA BEACH, FL 32118 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PRESIDENT ☐ Delete TITLE GARY A. TRUMBLE NAME DROWNCOD C 4 IRONWOOD CT. STREET ADORESS STREET ADDRESS ORMOND BEACH FL 32174 Secretary - Treasurer (5-CITY-ST-7IP CITY-ST-ZIF Delete TITLE TITLE CINDY TRUMBLE NAME NAME 4 IRONWOOD CT. STREET ADORESS STREET ADDRESS CITY-ST-ZIP ORMAND BEACH, FL 32174 ----CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME 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-7IP 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 trustage 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 president SIGNATURE: