2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # 633015** 1. Entity Name 05-16-2001 90414 049 ***550 00 VERDEL, INC Mailing Address Principal Place of Business 4030 NE JOE'S POINT RD 4030 NE JOE'S POINT RD 00054952 STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1944521 Not Applicable Country Zin Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEARD, VERNON D Street Address (P.O. Box Number is Not Acceptable) 4030 NE JOE'S POINT RED STUART FL 34996 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE **PSD** ☐ Delete BEARD, VERNON D NAME NAME STREET ADDRESS STREET ADDRESS 4030 NE JOE'S POINT RD CITY-ST-ZIP CITY-ST-7IP STUART FL 34996 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BEARD, REDA D. NAME STREET ADDRESS STREET ADDRESS 4030 NE JOE'S POINT RD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Change ___ Addition ☐ ∩elete TITLE 4030 NE JOE'S POINT RD. STUART, FL 34996 NAME BEARD, DONESE K. STREET ADDRESS STREET ADDRESS 131 NW 73-TERR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppowered.

SIGNATURE:

FILED