FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # 756014 1. Entity Name THE POKE-A-DOTS, INC. 04-05-2001 90090 013 ****61.25 Principal Place of Business Mailing Address % ALVIN BRUBAKER - BAYSHORE GARDENS 8515 U.S. HWY. 41 N. C0042338 2074 SUNSET DR., BLDG, 7R APT, 32 LOT 106 **BRADENTON FL 34207** PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2128754 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDERSON, ELEANOR T **Æ**515 US HWY 41 N #106 Zip Code City PALMETTO FL 34221 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Wolker Debres 605 220 Road E Delete TITLE ☐ Change Addition TITLE DENNIS, BEVERLY NAME NAME STREET ADDRESS 3301 CORTEZ RD LOT 25 STREET ADDRESS Brodenton Fl. 34207 CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP J. Marice Sarda ☐ Delete TITLE ☐ Change Addition TITLE WALKER, DELORIS NAME NAME 5112 2nd Are W. STREET ADDRESS 605 22ND RD E STREET ADDRESS Bradenton, Fl. 34209 CITY-ST-ZIP BRADENTON-FL.34207.-. -CITY-ST-ZIP TITLE Delete TITLE Addition ANDERSON, ELEANOR 2045 here On The Lake 4103 24th St. W #128-117 NAME NAME STREET ADDRESS 8515 U.S. HWY. 41 N., LOT 106 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34221** CITY-ST-ZIP TITLE ☐ Delete TITLE _ Change ✓ Addition prings Candominuum HALLORAN, BETTY J NAME NAME tbb/c s 4110:15TH AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition POLLEY, RUBY W NAME NAME 910 ORLANDO AVENUE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TEAGARDIN, MARY NAME NAME 6710 ELLENTON-GIELLETTE RD., #195 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL CITY-ST-ZIP

12. Thereby 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 617, 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

SIGNATURE: