🕅 UNIFORM BUSINESS REPORT (UBR) FILED DÖCUMENT # 761105 Apr 05, 2001 8:00 am Secretary of State PRISON Rehabilitative ludustries and Diversified Enterprises 04-05-2001 90023 037 ****61.25 Principal Place of Business Mailing Address 12425 28th ST N #103 12425 28th ST N #103 ST PETERSBURG, FL 33716 AUU43U14 ST Reters BURg, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2167018 Not Applicable Country 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 BREWYON, WILBUR E. Street Address (P.O. Box Number is Not Acceptable) 225 South ADAMS ST suffe 250 TAULAHASSER, FL 32301 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to-FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE CD ☐ Delete TITLE Change ☐ Addition MAY, RANDALL L. NAME NAME 245 ChAULENGER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CAN AVERALS FL 32920 ☐ Delete ☐ Change □ Addition TITLE TiTI F NAME NAME Leivas MARIA CAMILA STREET ADDRESS STREET ADDRESS 2305=NW-107th-AV-#107 CITY-ST-ZIP CITY-ST-ZIP miami, FL 33172 ☐ Change TITLE PD ☐ Delete TITLE Addition DAVISO PAMELA JO STREET ADDRESS STREET ADDRESS 12425 28th ST N #103 CITY-ST-ZIP CITY-ST-ZIP RETERSBURG, FL 33716 Change TITLE SD ☐ Delete TITLE Addition HUFF, JAMES E. NAME NAME STREET ADDRESS STREET ADDRESS 8465 OLD DIXLE HWY CITY-ST-ZIP WABASSO, FL 32970 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change ALVAREZ, MARCELO A. NAME NAME STREET ADDRESS STREET ADDRESS 777 BRICKELL AV # 1150 CITY-ST-ZIP CITY-ST-ZIP MINNI , FL 33131 ☐ Delete TITLE TITLE ☐ Change Addition NAME GODDE, R. RAY. STREET ADDRESS STREET ADDRESS 3600 NW 82Nd AV CITY-ST-ZIP CITY-ST-ZIP minmi, FL 33166 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of like empowered. SIGNATURE: 727-556<u>-3</u>366 URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)

.c/1 Uniform Business Report (UBR) DÉCUMENT # Attachment Do 1. Entity Name PRISON Rehabilitative Monstries and Diversified Enterprises Mailing Address Principal Place of Business 12425 28th ST N #103 12425 28th ST N #103 ST Refersburg, FL 33716 ST Reters BURg; FL 33716 45 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State Not Applicable 59-2167018 \$8.75 Additional Zip Country Country 5. Certificate of Status Desired ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREWYON, WILBUR E, Street Address (P.O. Box Number is Not Acceptable) 225 South ADAMS ST Swite 250 Zio Code TAUNHASSER, FL 32301 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees LOCAL CONTROL OF PAINT OF A ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITI F ☐ Delete TITLE NAME DRESSER, WILLIAM G. NAME STREET ADDRESS STREET ADDRESS 192 ST. GEORGE CT CITY-ST-ZIP CITY-ST-ZIP JACKSONVINE BEACH, FL 32250 Change Addition TITLE ☐ Delete TITLE NAME HAMILTON, LAWRENCE W. NAME STREET ADDRESS 5350 TECH DATA DR STREET-ADDRESS CITY-ST-7IP CITY-ST-ZIE CLEARWATER, FL 33766 ☐ Addition Change TITLE ☐ Delete TITLE HILL, WALTER B. NAME NAME 611 NEW WARRINGTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32506 ☐ Addition Change ☐ Delete TITLE TITLE meken, Kenneth L. NAME STREET ADDRESS STREET ADDRESS 905 E. MARTIN L. RING DR # 660 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Addition Delete TITI F Change moore, michael W. NAME STREET ADDRESS STREET ADDRESS 2601 BLAIR STONE RD TAUAHASSER, FL 32399 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME OGILVIE, C.H. STREET ADDRESS 400 N. New YORK AVE #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINFER PARK, FL 32789 12. I hereby certify that the information supplied with this filling 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 fustee 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

മ്യ1 Uniform Business Report (UBR) **DOCUMENT #** 1. Entity Name PRISON Rehabilitative INDUSTRIES AND DIVERSIFIED ENTERPRISES Attachment DOCH Principal Place of Business Mailing Address 12425 28th ST N #103 12425 28th ST N #103 A0043114 ST PETERSBURY, FL 33716 ST Reters BURG, FL 33716 45 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2167018 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREWTON, WILBUR E, Street Address (P.O. Box Number is Not Acceptable) 225 South ADAMS ST 54/te 250 TAUNHASSER, FL 32301 Zip Code 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State at OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Delete ☐ Channe ☐ Addition NAME WALLACE, DERRICK D. NAME STREET ADDRESS STREET ADDRESS 30 5. IVEY LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32811 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME Smith, Robert M. STREET ADDRESS STREET ADDRESS 12425 28th STN # 103 CITY-ST-ZIE CITY-ST-ZIP 51 Refors BURG, FL 33716 Delete TITLE TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 fure 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

72*7-556*- 3*366*

3-12-01

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR