2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F0000000932 May 02, 2001 8:00 am Secretary of State HILDREW EHS SERVICES, INC. 05-02-2001 90189 043 \*\*\*150.00 Principal Place of Business Mailing Address 247 DANIEL DRIVE 247 DANIEL DRIVE SANIBEL FL 33957 SANIBEL FL 33957 იითათუუც 2. Principal Place of Business 3. Mailing Address 668 Kinzie Island Court 668 Kinzie Island Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Sanibel, Florida 22-3448319 Not Applicable 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 Hildrew, James C. HILDREW, JAMES C Street Address (P.O. Box Number is Not Acceptable) 247 DANIEL DRIVE SANIBEL FL 33957 Sanibel 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. James C. Hildrew SIGNATURE ature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. PC ☐ Change ☐ Addition ☐ Delete TITLE TITLE Hildrew, James C. 668 Kinzie Island Ct. HILDREW, JAMES C NAME NAME 247 DANIEL DRIVE STREET ADORESS STREET ADDRESS SANIBEL FL 33957 Sanibel, FL 33957 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F HILDREW, SONJA A Hildrew, Souja A NAME NAME 247 DANIEL DRIVE 668 Kinzie Island Ct. STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP 3anibel.FL 33957 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered.

SNATURE: SIGNATURE AND TYPED OR PRINTED NAME OFFICER OF DIRECTOR JUNE 10 Date Daytime Phone #