2003 FOR PROFIT CORPORATION

FILED Apr 25, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F33021 1. Entity Name 04-25-2003 90280 027 ***150.00 THE CHISHOLM CORPORATION OF VERO Principal Place of Business Mailing Address 1407 20TH ST 1407 20TH ST VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2093857 Not Applicable Zip 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 CHISHOLM, SCOTT Street Address (P.O. Box Number is Not Acceptable) 366 33RD AVE, SW VERO BEACH FL 32960 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 =9:-Election:Campaign:Financing \$5.00 · May · Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE CHISHOLM, BRENDA NAME NAME STREET ADDRESS 366 33RD AE, SW STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP ☐ Delete TITLE PD TITLE ☐ Change Addition CHISHOLM, SCOTT D NAME NAME STREET ADDRESS 366 33RD AE, SW STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP Delete TITLE ☐ Channe Addition TITLE Stephany Hiller 33rd Aut SW NAME NAME STREET ADDRESS STREET ADDRESS 366 Beach IFL 32968 CITY-ST-ZIP CITY-ST-ZIP VERO

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 trustee empowered to execute this report as required by Chapter 607, 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

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