2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # F59855 1. Entity Name 05-15-2002 90091 011 ***150.00 TOLLMAN HUNDLEY FLORIDA, INC. Mailing Address Principal Place of Business 2424 ROUTE 52 2424 ROUTE 52 **HOPWELL JUNCTION NY 12533** HOPWELL JUNCTION NY 12533 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2280647 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 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, 2002 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 12. 11. ☐ Addition TITLE Change □ Delete TITLE NAME TOLLMAN, BRETT G NAME STREET ADDRESS STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP CITY-ST-ZIP **HOPWELL JUNCTION NY 12533** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KENZIERA, CRAIG STREET ADDRESS STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP CITY-ST-ZIP **HOPWELL JUNCTION NY 12533** Change ☐ Addition ☐ Delete TITLE TITLE DP NAME NAME HUNDLEY, MONTY STREET ADDRESS STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP CITY-ST-ZIP **HOPWELL JUNCTION NY 12533** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 grame appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICE

SIGNATURE:

FILED