2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000005004** May 10, 2000 8:00 am Secretary of State MOREE'S PPM INC. 05-10-2000 90108 002 ***150.00 Mailing Address Principal Place of Business P O BOX 118 P.O. BOX 118 SOCIETY HILL SC 29593-0118 SOCIETY HILL SC 29593 NOUG/013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 57-0856355 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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, 2000 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOREE, HENRY B NAME STREET ADDRESS STREET ADDRESS S. MAIN STREET CITY-ST-ZIP CITY-ST-7IP SOCIETY HILL SC 29593 ☐ Addition ☐ Change ☐ Delete TITLE OLLIS, BOBBY NAME STREET ADDRESS STREET ADDRESS S. MAIN STREET CITY-ST-ZIP CITY-ST-ZIP SOCIETY HILL SC 29593 Addition TITLE Delete NAME WALTON, EARL NAME STREET ADDRESS STREET ADDRESS S. MAIN STREET CITY-ST-ZIP CITY-ST-ZIP SOCIETY HILL SC 29593 ☐ Addition AS ☐ Delete TITLE TITLE DAVIS, CAROL L NAME NAME STREET ADDRESS STREET ADDRESS SOUTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP SOCIETY HILL SC 29593 ☐ Change * Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE: MINISTER NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTE