2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supple of the corporation or the receive changed, or on an attachment v

SIGNATURE:

May 23, 2002 8:00 am Secretary of State F95000006251 DOCUMENT # 1. Entity Name HEWITT & DASHER, INC. 05-23-2002 90019 031 ***150.00 Principal Place of Business Mailing Address 411 SOUTH MAIN ST 411 SOUTH MAIN ST HINESVILLE GA 31313 HINESVILLE GA 31313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3282209 Not Applicable Zip Country Country Zip \$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 HEWITT, GREG Street Address (P.O. Box Number is Not Acceptable) 2294 MAYPORT RD #25 ATLANTIC BCH FL 32233 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 SIGNATURE 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 -After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PS CR2E034 (9/01 TITLE TITLE Change ☐ Addition ☐ Delete DASHER, ALAN NAME NAME STREET ADDRESS 851 OLD FIELD DR STREET ADDRESS HINESVILLE GA 31313 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE HEWITT, GREG NAME NAME STREET ADDRESS 1827 KINGS WAY STREET ADDRESS CITY-ST-ZIP **NEPTUNE BCH FL 32266** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete . . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lal 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 ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information

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