05/20/2004 22:21 2059858535 S ENTERPRISE

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005686

1. Entity Name
Resting S Ranch, Inc.

DO NOT WRITE IN THIS SPACE

54056333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
90 Bishop Lane	
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Pelham, AL 35124	City & State
Zip / Country	Zip / Country

4. FEI Number: 63-1116762 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Stephens Michael E.

Street Address (P.O. Box Number is Not Acceptable): same as below.

City: FL 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Stephens, Michael E.
STREET ADDRESS	3175 Green Dolphin Lane
CITY-ST-ZIP	Naples, FL 34102
TITLE	Secretary
NAME	Gerard J. Kassouf
STREET ADDRESS	2208 University Boulevard
CITY-ST-ZIP	Birmingham, AL 35233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Kassouf — 4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2W140 1,000