2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 09, 2001 8:00 am **DOCUMENT # F9700003274 Secretary of State** 2660 GULF TO BAY BOULEVARD, INC. 03-09-2001 90486 037 ***150.00 Mailing Address Principal Place of Business 8008 CEDAR SPRINGS RD PO BOX 36122 DALLAS TX 75235 140114 SUITE 100 DALLAS TX 75235 2. Principal Place of Business 3. Mailing Address 4950 Keller SPRings ZD 4950 Keller JPRings RD DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 75-2513540 Not Applicable \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND DR. PLANTATION FL 33324

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, 2001 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 11. 12. TITLE ☐ Delete TITLE LAWHORNE, DONALD R NAME NAME Z135 N. CONTRACTIPUS SULLZOD RICHAROSUN TX 75080 12655 N. CENTRAL EXPY., #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75243 CITY-ST-7IP TITLE ☐ Delete TITLE TALKINGTON, SAM NAME NAME 8008 CEDAR SPRINGS SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS TX 75235 CITY-ST-ZIP Delete TITLE TITLE .-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Change ☐ Addition

City

(NOTE: Registered Agent signature required when reinstating)

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.

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 suppliemental 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 received or trustel 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 accuracy with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2-16-4

972-189-1890

☐ Change

☐ Addition

Zip Code

Daytime Phone