CR2E034 (10/00)

Mar 15, 2001 8:00 am DOCUMENT # **G60067 Secretary of State** STRAND ENTERPRISES, INC. 03-15-2001 90218 017 ***150.00 Principal Place of Business Mailing Address 2010 OCEAN FRONT 2010 OCEAN FRONT NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 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 59-2324241 Not Applicable Zip Zip Country Country \$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 SCHNEIDER, MICHAEL N Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT RD **BLDG 100** JACKSONVILLE FL 32256 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. П 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. ☐ Addition ☐ Delete ☐ Change TITLE TITLE UNDERWOOD, ROGER NAME NAME STREET ADDRESS STREET ADDRESS 2010 STRAND ST. CITY-ST-ZIP CITY-ST-7IP NEPTUNE BEACH FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE UNDERWOOD, BRENDA K. NAME NAME STREET ADDRESS 2010 STRAND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP--NEPTUNE BEACH FL ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 his 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 officer where the province of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 3/12/01 Date SIGNATURE: