2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED **DOCUMENT # H00820** May 16, 2000 8:00 am Secretary of State 1. Entity Name REL PENSACOLA, INC. 05-16-2000 90004 038 ***150.00 Principal Place of Business Mailing Address 1175 GULF BREEZE PKWY.,P.O. BOX 566 P.O. BOX 566 GULF BREEZE FL 32562-0566 QUEF BREEZE FL 32562-0566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2413319 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Same LEATHERBERRY, DARRIN T. Street Address (P.O. Box Number is Not Acceptable) 1314-147H AVE PENSACOLA FL-32503 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 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete LEATHERBERRY, ESTHER N. NAME STREET ADDRESS STREET ADDRESS 3914 INDIA COVE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Change ☐ Addition TITLE ☐ Delete TITLE Same LEATHERBERRY, DARRINT NAME NAME noco Luth Road 3257 STREET ADDRESS STREET ADDRESS 1314 14TH AVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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.

Darrin Leatherberry 0426-00