2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am § Secretary of State **DOCUMENT #** H13736 1. Entity Name 05-06-2002 90258 008 ***150.00 ELLIS & ELLIS, INC. Principal Place of Business Mailing Address 16975 72ND ROAD NORTH 16975 72ND ROAD NORTH LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2440584 Not Applicable Zip Country Zip 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 Name ELLIS, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 16975 72ND ROAD NORTH LOXAHATCHEE FL 33470 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)☐ Change ☐ Addition NAME ELLIS, MARY ANN NAME STREET ADDRESS 16975 72ND ROAD NORTH STREET ADDRESS CR2E034 CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE Change ☐ Addition NAME ELLIS, JAMES E. NAME STREET ADDRESS 16975_72ND ROAD NORTH_ STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP