2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # H36865** 1. Entity Name WHOLESALE, INC. 01-25-2000 90067 040 ***158.75 Mailing Address Principal Place of Business 3705 SW 42ND PLACE 3705 SW 42ND PLACE POST OFFICE BOX 140239 POST OFFICE BOX 140239 LUULUJOL GAINESVILLE FL 32614 GAINESVILLE FL 32614-0239 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2739277 Not Aggin ... Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHESBOROUGH, LOWELL D. Street Address (P.O. Box Number is Not Acceptable) 3705 SW 42ND PLACE **GAINESVILLE FL 32608** Zip Code City 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PS ☐ Delete TITLE Change . Addition TITLE CHESBOROUGH, LOWELL D. NAME NAME STREET ADDRESS STREET ADDRESS 3705 SW 42ND PLACE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** ☐ Defete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition | ☐ Delete Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quartly 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 statutes and that my signature shall bate 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 Grapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address built all other like empowered.

352-377- 8560