2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H42286 1. Entity Name

SIGNATURE:

DOLEM INTERNATIONAL INCORPORATED

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90158 038 ***150.00

165 ESCANABA AVE PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name BOLEN, MARY P. 165 ESCANABA AVE PANAMA CITY BEACH FL 32413 City Sireet Address (P.O. Box Number is Not Acceptable) City TL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (INCITE Registered Agent suprature recurred when revestating) PATE FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Street Address of Status Desired Status Desired Status Desired Status Desired Not Acceptable Name Name Street Address of New Registered Agent Name City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code State On Florida. Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) DATE Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) DATE Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) DATE Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) DATE Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) DATE Signature, typed or printed name of registered agent and table if applicable. (NOTE Registered Agent signature required when renestating) DATE After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Added to Added to Applicable. Applicable State S
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLEN, MARY P. 165 ESCANABA AVE PANAMA CITY BEACH FL 32413 City FL 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. S/GNATURE 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 Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 Added to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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