2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # H69150** 1. Entiky Name 05-17-2001 91364 044 ***150.00 THE BUSINESS CENTER, INC. Principal Place of Business Mailing Address 3 CYPRESS BRANCH WAY 3 CYPRESS BRANCH WAY **STE 103** STE 103 PALM COAST FL 32164 PALM COAST FL 32164 us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2577213 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, GARY Street Address (P.O. Box Number is Not Acceptable) 3 CYPRESS BRANCH WAY STE 103 PALM COAST FL 32164 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 After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Change ☐ Addition TITLE TITLE PDS ☐ Delete NAME WHEELER, GARY B. NAME 2 Erickson Place STREET ADDRESS STREET ADDRESS 49 RIPPLING BROOK-DR. CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32164 Change ☐ Addition TITLE TITLE ☐ Delete דמ NAME LEARDO, JEAN STREET ADDRESS STREET ADDRESS 54 WESTCHESTER LN CITY-ST-ZIP CITY-ST-ZIE PALM COAST FL 32164 Change Addition TITLE ☐ Delete NAME NAME BAKER, GEORGE STREET ADDRESS STREET ADDRESS 42-206 CLUBHOUSE D CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR