2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am § Secretary of State DOCUMENT # H75798 1. Entity Name 05-06-2002 90038 020 ***150.00 DAVID G. BICKERTON, INC. Principal Place of Business Mailing Address 4020 WOOD DUCK CT 4020 WOOD DUCK CT MELBOURNE FL 32934 MELBOURNE FL 32934 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 59-2589720 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 BICKERTON, DAVID G. Street Address (P.O. Box Number is Not Acceptable) **4020 WOOD DUCK COURT** MELBOURNE FL 32934 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) 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, 2002 Fee will be \$550.00 ~ D - Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME BICKERTON, DAVID G. NAME STREET ADDRESS 4020 WOOD DUCK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BICKERTON, CHENA L. STREET ADDRESS STREET ADDRESS **4020 WOOD DUCK COURT** CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32934** TITLE ☐ Defete TITLE ☐ Change ☐ Addition 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Davidiciability to HOUINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

259-8411

CR2E034 (9/01)