FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 19, 2002 8:00 am Secretary of State DOCUMENT # H86605 1. Entity Name 05-19-2002 90178 022 ***150.00 **BIG CEDAR CORPORATION** Principal Place of Business Mailing Address 7930 SW 123RD TERR 7930 SW 123RD TERR 004027 CEDAR KEY FL 32625 CEDAR KEY FL 32625 IIS 2. Principal Place of Business 3. Mailing Address 1018 WHIDODAW D. Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Gity & State 4. FEI Number Applied For 59-2614158 EDAK Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32625 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUIMBY, JOHN A Box Number is Not Acc 7930 SW 123RD TERRACE CEDAR KEY FL 32625 8. The above named entity submits this statement for the pypose of changing its registered office or registered agent, or both, in the State of Florida Land title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees . (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete PSTD CR2E034 (9/01) TITLE ☐ Addition NAME QUIMBY, JOHN A. MICHAELL NAME STREET ADDRESS 7930 SW 123RD TERRACE STREET ADDRESS 1018 WHIDDON CITY-ST-ZIP CEDAR KEY FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change Change NAME QUIMBY, JOHN A. NAME STREET ADDRESS 7930 SW 123RD TERRACE STREET ADDRESS CITY-ST-ZIP CEDAR KEY FL CITY-ST-ZIP TITLE ☐ Delete 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-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

13. I hereby certify that the information supplied with this filling 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-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR