2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State **DOCUMENT # H99463** 1. Entity Name DRAGON FLY ENTERPRISES, INC. 05-10-2001 90057 010 ***150.00 Principal Place of Business Mailing Address P.O. BOX 3391 UNIT 4100-A 2400 S. OCEAN DR. FT. PIERCE FL 34948 FT. PIERCE FL 34949 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 59-2683811 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired ___ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRISON, ELAINE A. Street Address (P.O. Box Number is Not Acceptable) 4100-A 2400 S. OCEAN DR. FT. PIERCE FL 34949 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE HARRISON, ELAINE A. NAME STREET ADDRESS STREET ADDRESS UNIT 4100-A, 2400 S. OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34949 Delete TITLE ☐ Change ☐ Addition SD TITLE NAME NAME HARRISON, PETER STREET ADDRESS STREET ADDRESS 23285 ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34945 Change Addition −□ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITI F TITLE NAME 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 peciver 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 nent with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

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