2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **J00127**** 1. Entity Name EARTH INVESTMENTS AND DEVELOPMENT CO., INC. Principal Place of Business Mailing Address 3401 LANNIE ROAD 3401 LANNIE RD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90136 028 ***150.00

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2748149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name BETZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3401 LANNIE ROAD JACKSONVILLE FL 32218 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 DP TITLE ☐ Delete TiTi F Change Addition BETZ, LAMAR R. NAME NAME STREET ADDRESS 3401 LANNIE RD. STREET ADDRESS CITY-SY-ZIP JACKSONVILLE FL CITY-ST-ZIP **VST** ☐ Delete TITLE TITLE Channe Addition BETZ, JULIE NAME NAME STREE! ADDRESS 3401 LANNIE RD STREET ADDRESS CITY-ST-ZiP JACKSONVILLE FL 32218 CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition MATTHEWS, TERRY NAME NAME STREET ADDRESS 3474 BETZ LANDING DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe 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-ZIP CITY-ST-ZIP

13. Thereby cortify 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.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12 0) 904

704-934-0304 Daytime Phone # CR2E034 (10/00)