FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # J08480** HISE & LEE ENTERPRISES, INC. 01-27-2000 90048 004 ***158.75 Principal Place of Business Mailing Address 1606 LIZETTE ST SE LIZETTE ST SE BAY FL 32909 PALM BAY FL 32909-6413 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2668771 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HISE, ALESIA LEE Street Address (P.O. Box Number is Not Acceptable) 1606 LIZETTE ST. SE PALM BAY FL 32909 Zip Code City FL 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE LEE, WILLIAM H. NAME NAME 1606 LIZETTE ST. S.E. STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-ST-ZIP CITY-ST-ZIP VST TITLE ☐ Addition Delete TITLE HISE, ALESIA L NAME NAME STREET ADDRESS 1606 LIZETTE ST. SE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BAY FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition

CR2E034 (9/99)