2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am DOCUMENT # J13127 Secretary of State 1. Entity Name MARTIN COUNTY PROBATION, INC. 02-13-2001 90079 036 ***150.00 Mailing Address Principal Place of Business 311 W. 3RD ST. 311 W. 3RD ST. STUART FL 34994 STUART FL 34994 IIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2660207 Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired _____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PREWITT, JERRY C. Street Address (P.O. Box Number is Not Acceptable) 311 W. 3RD ST. STUART FL 33994 Zip Code City 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST TITLE Change ☐ Addition Delete TITLE PREWITT, JERRY C. NAME NAME STREET ADDRESS STREET ADDRESS 311 W 3RD ST CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Addition ☐ Change ☐ Delete TITLE 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 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ 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, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: \(\)

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

C. Prewitt 2801 (Sc1) 283-2245

Change

Addition