2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State DOCUMENT # K08441 1. Entity Name BARYENBRUCH SKUBAL, INC. 02-01-2001 90178 023 ***150.00 Principal Place of Business Mailing Address % RICHARD W. TAYLOR % RICHARD W. TAYLOR 112 N FLORIDA AVE 112 N FLORIDA AVE DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address WOODLAND BUN PATRICK DO NOT WRITE IN THIS SPACE City & State City & State EAST PARK DRIVE 4. FEI Number Applied For 59-2888481 DELANO Not Applicable ZIP RALEIGH, NC \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 112 N FLORIDA AVE DELAND FL 32720 Zip Code 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, typed or printed name of registered agent and title if applicable. (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. MAddition TITLE D/P Delete TITLE Baryenbruch, Patricle NAME NAME BARYENBRUCH, PAT 30Z EAST PARK DR. STREET ADDRESS 302 East Park Drive STREET ADDRESS 149 N-BAYLAN AVE STE-B CITY-ST-ZIP NC 27605 CITY-ST-ZIP Raleigh, NC 27605 RALEIGH. RALEIGH NC TITLE TITLE □ Change Addition NAME NAME SKUBAL, PETER STREET ADDRESS STREET ADDRESS 773 OLD TREELINE TRAIL CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Delete TITLE Change ☐ Addition ~ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. SIGNATURE