2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am **DOCUMENT # K10053** Secretary of State 1. Entity Name THE SUBLAND CORPORATION OF BAY COUNTY 02-16-2001 90009 003 ***150.00 Principal Place of Business Mailing Address 217 COUNTRY CLUB ROAD 217 COUNTRY CLUB ROAD 920990 SHAUMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address P.O. Box 219 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2874111 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUBLETTE, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 217 COUNTRY CLUB ROAD SHALIMAR FL 32579 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. SIGNATURE 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Delete TITLE ☐ Change CR2E034 (10/00 TITLE SUBLETTE, JOE S. NAME NAME STREET ADDRESS STREET ADDRESS 301 SOUTH MAIN STREET CITY-ST-ZIP CITY-ST-ZIP SUMTER SC ☐ Change Addition Delete TITLE TITLE SUBLETTE, RICHARD A. NAME NAME STREET ADDRESS STREET ADDRESS 217 COUNTRY CLUB ROAD CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL.... Addition ☐ Delete TITLE ☐ Change TITLE NAME KING, ROBERT L. NAME STREET ADDRESS 4032 NEW HWY 96 WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRANKLIN TN 37064 ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: Sel S. Subletter President

1/30/01 (803)775-4311

Daytime Phone