2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am & Secretary of State DOCUMENT # K35585 1. Entity Name 05-12-2002 90565 023 ***150.00 JUDGE BEARDEN COMPANY, INC. WALKIT OF E Principal Place of Business Mailing Address 3800 S TAMIAMI TR #311 P.O. BOX 25302 SARASOTA FL 34277 SARASOTA FL 34277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0084233 Not Applicable Zip Country Zip Country \$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 DICKINSON, PATRICK H. Street Address (P.O. Box Number is Not Acceptable) 1750 RINGLING BLVD. SARASOTA FL 34236 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. ₃(See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIŤLĘ ☐ Delete TITLE ☐ Change ☐ Addition NAME BEARDEN, J. WESLEY NAME STREET ADORESS 4373 TRAILS DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BEARDEN, BARBARA J. NAME STREET ADDRESS 6020 MIDNIGHT PASS RD 58 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. SARASOTA FL TITLE -> Defete -----JITLE ≈ 💝 😂 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS