2001 UNIFORM BUSINESS REPORT (UBR)

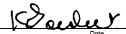
Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # K37425** 1. Entity Name FORT WHITE INVESTMENT GROUP, INC. 04-23-2001 90080 001 ***300.00 Principal Place of Business Mailing Address 307 PORPOISE POINT DR. 307 PORPOISÉ POINT DR. ST. AUGUSTINE FL 32095-2957 ST. AUGUSTINE FL 32095-2957 00040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2915092 Not Applicable Zip Country 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 GOEDERT, JEANE K. Street Address (P.O. Box Number is Not Acceptable) 307 PORPOISE POINT DR. ST AUGUSTINE FL 32095 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOEDERT, JEANNE K NAME NAME STREET ADDRESS 307 PORPOISE PT. DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _____ Change ___ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



904-829-1229 Daytime Phone #