2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K75664**

1. Entity Name

HONOURCODE, INC.

Principal Place of Business

Mailing Address

4075 SPARROW HAWK RD MELBOURNE FL 32934

4075 SPARROW HAWK RD MELBOURNE FL 32934

FILED Apr 20, 2001 8:00 am Secretary of State 04-20-2001 90186 029 ***150.00

US	US			
2. Principal Place of Business 5846 Wood Duck Do	3. Mailing Address 5.846 Woot Suite, Apt. #, etc.	Duck Dr.	DO NOT WRITE IN TH	HIS SPACE
City & State PACE, FL	City & State PACE, F	=1.	4. FEI Number 59-2941908	Applied For Not Applicable
32571 Country USA	32571	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of			7. Name and Address of New Register	ed Agent
HONOUR, ERIC C. 4075 SPARROW HAWK RD MELBOURNE FL 32934		Street Address City PA	POUR ERIC C. (P.O. Box Number in Not Acceptable) WOOD DUCK DR.	FL Zin Code 7/
8. The above named entity submits this state SIGNATURE Signature, typed or printed name of registe 9. This corporation is eligible to satisfy its In Tax filling requirement and elects to do so	ERIC C. red agent and title if applicable. (NOTI tangible FILE NOW! After MAY 1, 20	registered office or register. Howard E: Registered Agent signal fire require. III FEE IS \$150.00 101 Fee will be \$550.00	PRESIDENT 4/3. d when reinstating) DA: 10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICEF	Make Check Payates AND DIRECTORS	ple to Department of Sta	ADDITIONS/CHANGES TO OFFICERS A	
TITLE DPT NAME HONOUR, ERIC C. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL	☐ Delete	NAME STREET ADDRESS 58		Change ☐ Addition
TITLE DVS NAME HONOUR, ELIZABETH M. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL	☐ Delete	T 17\1/C	OUL, BUZABETH M. 16 WOOD DUCK DR. CE, FL 32571	Change
TITLE D NAME HONOUR, WALTER W. STREET ADDRESS CITY-ST-ZIP GREEN COVE SPGS FL	Delete	TITLE = NAME STREET ADDRESS CITY-ST-ZIP	The second of th	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplindicated on this report or supplemental reports.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR