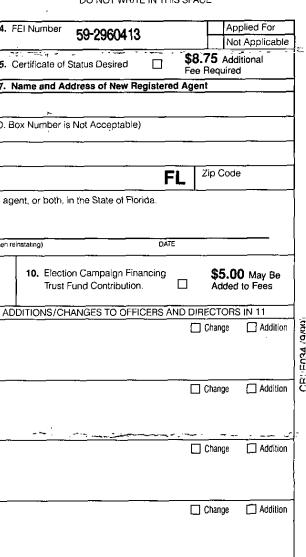
2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K80301** 1. Entity Name V & S LAND RESEARCH, INC. 06-06-2000 90484 002 ***550 00 Principal Place of Business Mailing Address 1219 NW 2ND TERR 1219 NW 2ND TERR CRYSTAL RIVER FL 34428-3860 CRYSTAL RIVER FL 34428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2960413 Zip ---Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EGAN, THOMAS M. Street Address (P.O. Box Number is Not Acceptable) 915 S.E. 17TH STREET OCALA FL 32671 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 Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete Change SANDRA HUTCHINS NAME NAME STREET ADDRESS STREET ADDRESS 1219 NW 2ND TERR CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34428 ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE

Jun 06, 2000 8:00 am Secretary of State



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.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF

□ Delete

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Delete

Change

☐ Change

☐ Addition