2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT # K94924** WARREN SHATTUCK, INC. 05-11-2000 90286 041 ***150.00 Principal Place of Business Mailing Address % 20930 BRECKLIN LANE % 20330 BRECKLIN LANE EUSTIS FL 32736 EUSTIS FL 32736 655617 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2950871 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARREN SHAT TUCK SHATTUCK, WARREN 15015 PINE VALLEY BLVD CLERMONT FL 34711 CityEUSTIS 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) 小点点 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, 2000 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 11. 12. TITLE ☐ Delete Change Addition SHATTUCK, WARREN NAME NAME 20930 BRECKLIN LN. STREET ADDRESS 15015 PINE VALLEY BLVD STREET ADDRESS EUSTIS FL 32736 CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL ☐ Delete 🔼 Change ☐ Addition TITLE TITLE SHATTUCK, BETTY NAME NAME 15015 PINE VALLEY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL ☐ 'Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ∟ ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🗋 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 puscee 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. 4-29-2000 352-483-3288

SIGNATURE:

to TOCV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR