FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State **DOCUMENT # K94924** 05-16-2001 90395 006 ***150.00 WARREN SHATTUCK, INC. Principal Place of Business Mailing Address % 20930 BRECKLIN LANE % 20930 BRECKLIN LANE EUSTIS FL 32736 EUSTIS FL 32736 US 2. Principal Place of Business 31724 LOCH MORE CR 3. Mailing Address 31226 LOCHMORE CR Suite, Apt. # etc. MT PLYMOUTH Suite, Apt. #, etc. MT. PLYMOVTH DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 59-2950871 Not Applicable \$8.75 Additional 5. Certificate of Status Desired AKE 32776 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARREN SHATTUCK .-SHATTUCK, WARREN Street Address (P.O. Box Number is Not Acceptable) 20930 BRECKLIN LN EUSTIS FL 32736 31226 LOHMORE CR. 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) 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, 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 11. OFFICERS AND DIRECTORS 12. HRESIDEUT TITLE Change Addition TITLE ☐ Delete SHATTUCK WALLEN SHATTUCK, WARREN NAME NAME 3.226 LOCHMORE CR. STREET ADDRESS STREET ADDRESS 20930 BRECKLIN LN MT PLYMOUTH FL 32776 CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32736 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SHATTUCK, BETTY STREET ADDRESS STREET ADDRESS 20930 BRECKLIN LN CITY-ST-ZIP CITY-ST-ZIP Eustis FL 32736 ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE:

NE SUPSTICK

4-32-01

352-383-6428

Daytime Phone