2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am **DOCUMENT # L29668 Secretary of State** E & S LAND AND CATTLE COMPANY 03-14-2001 90208 018 ***150.00 Principal Place of Business Mailing Address P O BOX 18027 P O BOX 18027 PENSACOLA FL 32523 PENSACOLA FL 32523 1 9 9 9 9 6 2. Principal Place of Business 3. Mailing Address 9840 Mobile Highway P.O. Box 18279 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4, FEI Number 59-2995542 Pensacola, FL Pensacola, Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 32526 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARRON, MARTIN Street Address (P.O. Box Number is Not Acceptable) 604 N PACE BLVD 9840 Mobile Highway PENSACOLA FL 32505 Zip Code City Pensacola 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. X Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITI F NAME SHARRON, MARTIN NAME STREET ADDRESS STREET ADDRESS 604 N PACE BLVD 9840 Mobile Highway Pensacola, FL 32526 CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

Martin Sharron TED NAME OF SIGNING OFFICER OR DIRECTOR