1/12/01-9 **DOCUMENT # L41787** FILED 1. Entity Name Feb 09, 2001 8:00 am Secretary of State HARSAL ENTERPRISES, INC. 01-12-2001 90025 045 \*\*\*150.00 Mailing Address Principal Place of Business 4272 PIMLICO DRIVE 4272 PIMUCO DRIVE TALLAHASSEE FL 32308 TALLAHASSEE FL 32306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0179461 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BLOODSWORTH BLOODSWORTH, HARRY, III Street Address (P.O. Box Number is Not Acceptable) 6381 COOLIDGE ST. PINALICO HOLLYWOOD FL 33024 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or Soth, in the State of Florida. SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be 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. 12. CR2E034 (10/00) Addition Change Delete TITLE TITLE BLOODS WORTH, HARRY III BLOODSWORTH, HARRY, III NAME NAME 4727 PIMLICODE. STREET ADDRESS 6381 COOLIDGE ST STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE BLOODSWORTH, SALLY L BLOODSWORTH, SALLY L. NAME NAME STREET ADDRESS 4727 PIMLIED DR STREET ADDRESS 6381 COOLIDGE ST CITY-ST-ZP CITY-ST-ZIP HOLLYWOOD-FL---KLLAMASSEE Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition . Delete TILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIZ ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(3Xi). 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.