2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L62050** Jul 21, 2000 8:00 am 1. Entity Name **Secretary of State** JOSEPHINE'S OF DESOTO, INC. d/bla Rattlers Rockin' Countr 07-21-2000 90152 009 ***558.75 06-12-2000 90001 029 ***150.00 Principal Place of Business Mailing Address G/O LEONARD M.-HAZEN-C/O LEONARD M. HAZEN 3-HAY ROAD 3 HAY ROAD FORT OGDEN FL 33842 FORT OGDEN FL 33843 2. Principal Place of Business 3. Mailing Address 11)05 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0206086 Not Applicable **\$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 HAZEN, LEONARD M Street A 3 HAY ROAD FORT OGDEN FL 33842 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Change TITLE Delete HAZEN, LEONARD M NAME NAME STREET ADORESS 3 HAY ROAD STREET ADDRESS CITY-ST-7IP FORT OGDEN FL CITY-ST-7IP Darryll D. Byrd, Presidences 3154 S.E. Hansel Ave. Arcadia, FL 34266 Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice-Pres. & Secretary Fatricia A. Byrd-111-A W. Cak St. Arcadia, FL 3426 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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(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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/17/2000 (843)494-4088

☐ Addition

Change