2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # M90313** 1. Entity Name **AUI CORPORATION** 03-12-2001 90431 034 ***150.00 Principal Place of Business Mailing Address 150 SECOND AVE N 150 SECOND AVE., N **#500** #500 ST PETERSBURG FL 33701 ST. PETERSBURG FL 33701 US 2. Principal Place of Business 3. Mailing Address 111 SECONDANE 111 SECOND RUE NE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 00B # 00g 4. FEI Number Applied For City & State City & State 59-2905526 Not Applicable 223737.70 Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIAND, BURTON W. Street Address (P.O. Box Number is Not Acceptable) 601 CLEVELAND ST., SUITE 800 CLEARWATER FL 34617 Zip Code City FL 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P 0 Change ☐ Addition ☐ Delete TITLE TITLE ARTHUR, DONALD M. NAME ARKHUR, DOWALD NAME 150 SECOND AVENUE, N. #500 STREET ADDRESS III SECOUS AVE WE, # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ٧S ☐ Delete Change ☐ Addition TITLE TITLE TARBELL, JERINE NAME NAME TARBELL, IERING STREET ADDRESS 1001 CHARTER HILLS RD STREET ADDRESS 230 EASY PARK ST CITY-ST-ZIP CITY-ST-ZIP **BEECH MOUNTAIN NC 28604** CARY, NC ZZZSN Change ☐ Addition TITLE Delete 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 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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-7IP

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition