9/12/01-90003-019-\$61.25-\$61.25

Addition

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2001 UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N00000006797 MILTON RENAISSANCE CORPORATION 01 SEP 24 PM 3: 11 Principal Place of Business Mailing Address 4290 HIGHWAY 90 4290 HIGHWAY 90 PACE FL 32571 PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3678741 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent I Street Address (P.O. Box Number Is Not Acceptable) HUNT, BRADLEY 4290 HIGHWAY 80 PACE FL 32571 Zip Code 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 \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE DC Change . ☐ Addition (5/01) MCARTHUR, CLIFTON S NAME NAME 4894 HAMILTON BRIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP TITLE TITLE Addition ☐ Delete Change HUNT, BRADLEY NAME NAME 4455 CASA GRANDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-MILTON-FL-32583 -----CITY-ST-ZIP... ·me - Delete TITLE · · ☐ Change Addition CARVER, RALPH NAME NAME STREET ADDRESS 4284 HIGHWAY 90 STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP TITLE Oelete MILE Change ☐ Addition SANBORN, MIKE NAME NAME 5687 HAMILTON BRIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BLOCKER, WANYE NAME STREET ADDRESS 6530 MUNSON HWY. STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP 12. 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 turstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altachment with an address, with all other like empowered.

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TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP