2003 NOT-FOR-PROFIT CORPORATION

Apr 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 04-14-2003 90019 004 ****61.25 DOCUMENT # N0100006314 1. Entity Name SAVE OUR SEPTIC SYSTEMS COMMITTEE, INC. 55030509 Principal Place of Business Mailing Address 2422 JUNIPER PLACE 2422 JUNIPER PLACE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-1130788 City & State Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STINNETT, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 2422 VUNIPER PLACE 3215 GLENNA LANE **SARASOTA FL 34239-3408** Zip Code 34239 SARASOTA 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITI F ☐ Delete TITLE Addition WILLIAM B. BISHUP NAME KING. WILLIAM R NAME STREET ADDRESS A717 CRYSTAL AVENUE STREET ADDRESS 2422 JUNIPER PLACE CITY-ST-ZIP **SARASOTA FL 34239-4124** CITY-ST-ZIP SARASOTA, FL 34231 TITLE ☐ Delete TITLE ☐ Change Addition BISHOP, WILLIAM F NAME NAME STREET ADDRESS STREET ADDRESS 3107 ROSE STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 TITLE Delete: mre.-_ 🔄 . Change 🔲 Addition . STINNETT, ROBERT J NAME STREET ADDRESS STREET ADDRESS 3215 GLENNA LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239-3408 TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhапре ☐ Addition

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 trustee 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 attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: -

NAME

STREET ADDRESS

CITY-ST-71P

FILED