2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 11, 2003 8:00 am Secretary of State DOCUMENT # N02000008870 1. Entity Name 04-23-2003 90150 029 ****61.25 WHITE TAIL SOLUTIONS, INC. Principal Place of Business Mailing Address 77070042 3789 SUNDAY DRIVE 3789 SUNDAY DRIVE **DELTONA FL 32738** DELTONA FL 32738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 20- 0199*8*90 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIFFORD: WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 3789 SUNDAY DRIVE **DELTONA FL 32738** Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligations of 7 /26/03 SIGNATURE registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 10, 2005, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Addition TITLE ☐ Delete TITLE GIFFORD, WILLIAM S NAME NAME 3789 SUNDAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DELTONA FL 32738** CITY-ST-ZIP STD TITLE ☐ Addition TITLE ☐ Delete Change GIFFORD, JOYCE K NAME NAME 3789 SUNDAY DRIVE STREET ADDRESS STREET ADDRESS

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qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplindicated on this report or supplementation of the corporation or the receiver or trighten. changed, or on an attachment with

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SIGNATURE:

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	Signature, typed or printed name of registered agent	and title if applica	9. Election Carr Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees	Make C	heck Payable		
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indicated of the corp changed.	ertify that the information supplied with on this report or supplemental report is boration or the receiver or trustee empo or on an attachment with an address. V	true and acc wered to exe	urate and that my cute this report as	signatus require	re shall have the	a Karne legal elifictés 17 (Fibriga strajules:	is if made under oath; the and that my name appea	at I am an officer ars in Block 10 or	or director Block 11 if	İ