FILED

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

Apr 21, 2003 8:00 am § Secretary of State DOCUMENT # N37779 04-21-2003 90451 026 ****61.25 1. Entity Name FLORIDA TOKEN KAI, INC. Principal Place of Business Mailing Address C/O CARL M. HALL C/O CARL M. HALL 17120 GULF BOULEVARD 17120 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708 NORTH REDINGTON BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3018392 City & State City & State Applied For Not Applicable Zip Country Zip 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 Năme HALL, CARL M. Street Address (P.O. Box Number is Not Acceptable) 17120 GULF BOULEVARD **NORTH REDINGTON BEACH FL 33708** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CD Addition Change TITI Fa □ Delete TITLE HALL, CARL M. PRICELLA BAXLEY NAME NAME STREET ADDRESS 17120 GULF BOULEVARD STREET ADDRESS 907 SOUTH EDISON CITY-ST-ZIP CITY-ST-ZIP N.REDINGTON BEACH FL VD TITLE Delete TITLE Change ☐ Addition HOSTLER, KEITH NAME NAME 133 LAKE THOMAS DR. STREET ADORESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP TDP TITLE ☐ Defete TITLE ☐ Change Addition BAXLEY, TROY NAME NAME STREET ADDRESS 807 SOUTH EDISON STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Addition TITLE Delete ☐ Change PLANTAMURA, WILLIAM NAME NAME 7476 132ND WAY NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition

12. Thereby certify that the information sepplied with this ling 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 truster 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 attachm other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7/P