FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N93000001400 WILDWOOD CHAPTER #4839 OF AMERICAN ASSOCIATION O 04-02-2001 90306 028 ****61.25 Principal Place of Business Mailing Address 402 OXFORD ST 510 LIVE OAK LN WILDWOOD FL 34785 WILDWOOD FL 34785 3. Mailing Address 2. Principal Place of Business 809 Carol Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-1785860 12 wood Not Applicable Sun ter \$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 Name Street Address (P.O. Box Number is Not Acceptable) MELISI, VIRGINIA E 606 SUNNYSIDE WILDWOOD FL 34785 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9, Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Nicholas TITI F Busoolas, ☐ Change Addition TITLE □ Delete NAME COLLIER, JAMES L NAME 809 Carol St. STREET ADDRESS STREET ADDRESS 102 S. WARFIELD AVE سازاط سهمط CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 TITLE VP Change TITLE ☐ Delete Addition Collier James L. NAME WENTZ, DALE F. NAME 102 S. Warfield Ave. STREET ADDRESS STREET ADDRESS 510 LIVE OAK LN idusod CITY-ST-ZIP CITY-ST-ZIP F1. 34785 WILDWOOD FL 34785 🗹 Delete Change TITLE TITLE ☐ Addition Wentz, Déle F. NAME WING, LOUISE NAME 510 Live Dale home STREET ADDRESS STREET ADDRESS **103 HUEY STREET** CITY-ST-ZIP CITY-ST-ZIP Wildwood Fl. WILDWOOD FL Hoyle June 801 E. Live Oak TITLE ☐ Belete TITI F Channe Addition NAME HOYLE, JUNE NAME STREET ADDRESS 807 EAST LIVE OAK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wildwood, F1. 34785 WILDWOOD FL 34785 Delete Jones Marjune TITLE NAME CLARK, EDNA NAME STREET ADDRESS STREET ADDRESS 249 W. PALM AVE CITY-ST-7IP CITY-ST-ZIP **BUSHNELL FL 33513** Delete TITLE TITLE ☐ Addition SCHULZ, O. WILLIAM NAME NAME STREET ADDRESS 505 BARWICK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01 352 - 748- 7958