2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 17, 2002 8:00 am Secretary of State DOCUMENT # N93000002923 1. Entity Name 09-17-2002 90109 021 ****61.25 WESTERN ROVERS, INC. Principal Place of Business Mailing Address 1569 MEADOWBROOK CT P. O. BOX 762 NICEVILLE FL 32578 NICEVILLE FL 32588-0762 Principal Place of Business 3. Mailing Address 46 Harding Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3195419 Not Applicable Zip Country \$8.75 Additional KALOOS A 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LUKE. DIANE **146 HARDING ROAD NICEVILLE FL 32578** 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ۷D ☐ Delete TITLE ☐ Change ☐ Addition COX, LARRY NAME STREET ADDRESS STREET ADDRESS 133 VALENCIA DR CITY-ST-ZIP CITY-ST-ZIP NIÇEVILLE FL 32547 TITI F STD ☐ Delete TITLE ☐ Addition NORMAN, FAYE 5108 Whitehurst LANE CRESTULEW-FL 32536 NAME NORMAN, FAYE NAME STREET ADDRESS STREET ADDRESS 1569 MEADOWBROOK CT CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 TITLE ☐ Delete TITLE Change Addition NAME LUKE, DIANE NAME STREET ADDRESS STREET ADDRESS 146 HARDING ROAD CITY-ST-ZIP CITY-ST-ZIP **NICEVILLE FL 32578** TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 eath; 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.

STREET ADDRESS CITY-ST-7IP

NAME

NAME

STREET ADDRESS

9-10-02

85-244-9210