FILED
03 APR 10 AM 7:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

DOCUMENT # N97000007008

1. Entity Name
CANOPY ROADS CREW, INC.

Principal Place of Business
84 FINNER DRIVE
CRAWFORDVILLE, FL 32327 US

Mailing Address
~~220 J+K LANE~~ 220 J+K Lane ← Correction
CRAWFORDVILLE, FL 32327

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
220 J+K Lane
Suite, Apt. #, etc.
City & State: Crawfordville, FL
Zip: 32327 | Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3485454 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPBELL, CYNTHIA L
220 J&K LANE
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | 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 _____ DATE
(Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent's signature required when reinstating.)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD LAMMERT, JUDITH A 84 FINNER DRIVE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lee Allen 8007 Melita Court Tallahassee, FL 32305 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MITCHELL, GAEA 2902 TERRY RD TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100016234031 04/18/03--01007--019 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPBELL, CYNTHIA L 220 J&K LANE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUSSELL, ELIZABETH 3474 NORTH CARNATION CT TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judith A. Lammert 84 Finner Drive Crawfordville, FL 32327 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD FISHER, LAURA PO BOX 1647 CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rhonda Laing 10434 Clydesdale Drive Tallahassee, FL 32311-9336 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Cynthia L. Campbell, Treasurer 4/8/03 2454444 x2218
(Signature and Typed or Printed Name of Officer or Director — Date — Daytime Phone #)

and Registered Agent

gs 4/11