2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 08:00 AM N98000005175 DOCUMENT # 1. Entity Name **Secretary of State** FT. WORTH STEPHENVILLE FM INC. Principal Place of Business Mailing Address 6910 N.W. 2ND. TERRACE 6910 N.W. 2ND. TERRACE FL BOCA RATON BOCA RATON FL 33487 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For X 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 LACY WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 6910 N.W. 2ND. TERRACE BOCA RATON FL33487 US 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. 04/28/2001 WILLIAM R. LACY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE VPD ☐ Delete TITLE D Change ☐ Addition NAME NAME LACY DAN ш LACY DAN ш STREET ADDRESS STREET ADDRESS 2110 GOLDCAMP RD. 2110 GOLDCAMP RD. CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS COLORADO SPRÍNGS CO 80906 CO 80906 TITLE ☐ Delete TITLE X Change ☐ Addition NAME LACY LUCILLE NAME LACY LUCILLE STREET ADDRESS 6910 N.W. 2ND, TERRACE STREET ADDRESS 6910 N.W. 2ND, TERRACE CITY-ST-ZIP BOCA RATON FL. 33487 CITY-ST-ZIP BOCA RATON FL. 33487 TITLE PD Delete TITLE Change ☐ Addition NAME LACY WILLIAM NAME STREET ADDRESS 6910 N.W. 2ND. TERRACE STREET ADDRESS CITY-ST-ZIP BOCA RATON CITY-ST-ZIP FL. 33487 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP

WILLIAM R. LACY

PD

04/28/2001

CR2E037 (11/00)