2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P0000002078 Jul 19, 2000 8:00 am 1. Entity Name Secretary of State QUWALA OF FLORIDA, INC. 07-19-2000 90004 032 ***150.00 Principal Place of Business Mailing Address P.O. Box 1011 221 SAINT ANDREWS DRIVE 321 SAINT ANDREWS DRIVE NICEVILLE FL 32578 NICEVILLE FL-82679-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Iceville 59-3608898 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCIS, KENNETH E Street Address (P.O. Box Number is Not Acceptable) 321 SAINT ANDREWS DRIVE NICEVILLE FL 32578 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. U ☐ Addition ☐ Delete TITLE FRANCIS, KENNETH E NAME NAME STREET ADDRESS 321 SAINT ANDREWS DRIVE STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP Sebretory Debra A. Kennedy 321 ST. ANDREWS Or. ☐ Delete Change **Addition** TITH F TITLE NAME NAME STREET ADDRESS STREET ADDRESS NICEUILL, El. 32578 CITY-ST-ZIP CITY-ST-ZIP ☐ Change A Addition TITLE ☐ Delete TITLE SANTER D. EARly NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Niceville, FL. 32578 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

KENNETH E. FRANCIS

Pres. 1/11/00

850-729-3900

☐ Change

Addition

Daytime Phone #

Quwala of Florida, Inc. P.O. Box 1011 Niceville, Fl. 32588

Andy Dunlap Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

July 10, 2000

Dear Mr. Dunlap,

Enclosed is the report I spoke with you about last week. We had not filed one because we never received the original filing notice. Our corporation was formed November, 1999. Please waive the penalty fee and find enclosed the \$150.00 due the Department of the State.

Thank you,

Debra A. Kennedy

Quwala of Florida, Inc.

D/B/A Koala-Tee's P.O. Box 1011

Niceville, Fl. 32588

850-729-3900