2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000008772 1. Entity Name CHELSEA EXCHANGE SERVICES, INC. 04-24-2001 90059 027 ***150.00 Principal Place of Business Mailing Address 4300 BAYOU BLVD., SUITE 17E 4300 BAYOU BLVD., SUITE 17E PENSACOLA FL 32503 PENSACOLA FL 32503 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 59-3335945 Not Applicable Zip Country Country \$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 MOORHEAD, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD., SUITE 13 PENSACOLA FL 32503 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ſΧ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. V/T/S X Change ☐ Addition ☐ Delete TITLE TITLE MOORHEAD, STEPHEN R NAME NAME Moorhead, Stephen R. STREET ADDRESS 4300 BAYOU BLVD., SUITE 13 STREET ADDRESS 4300 Bayou Blvd., Suite 13 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 Pensacola, FL 32503 Change X Addition TITLE Delete TITLE NAME NAME Godfrey, Jeffrey STREET ADDRESS STREET ADDRESS 4300 Bayou Blvd. Suite 17E Pensacola, FL 32503 CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition TITLE ☐ Delete TITLE NAME Freeman, Pennye L NAME STREET ADDRESS STREET ADDRESS 4636 Summerdale Blvd. CITY-ST-ZIP CITY-ST-ZIP Pace, FL 32571 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 trusted 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

850-477-0660

Daytime Phone #