FILED **2002 UNIFORM BUSINESS REPORT (UBR)**

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P00000008871 1. Entity Name 04-22-2002 90270 024 ***150.00 MICHAEL J. KERN, INC. Principal Place of Business Mailing Address 15204 KITTRELL DR. 15204 KITTRELL DR. B0073827 SPRING HILL FL 34610 SPRING HILL FL 34610 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 59-3625158 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 KERN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 15204 KITTRELL DR. SPRING HILL FL 34610 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Addition Change NAME KERN, MICHAEL J NAME STREET ADDRESS 15204 KITTRELL DR. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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