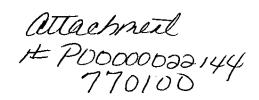
FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT # 100000022144 **Secretary of State** AVALON LEGAL INFORMATION SERVICES, INC. 05-22-2001 90040 001 ***150.00 Principal Place of Business 885 Willow Run P.O. Box 730102 ORMOND BEACH, FL. ORMORD BEACH, FL 770100 32103-0102 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Country 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 Name - GEORGE W. KENT Street Address (P.O. Box Number is Not Acceptable) 885 Willow Run Ormond BEACH, FL 32174 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 critéria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SR2E034 (11/00) PRESIDENT Addition TITLE TITLE Delete GEORGE W. KENT NAME NAME 885 Willow Run STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormand Berch, Fr 321)4 ☐ Change Addition ☐ Delete TITLE TITLE DiREctor GRORGE W. KENT NAME NAME 885 Willow RUM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ormand Bezh Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

MANAGER, CUSTOMER SERVICES UNITED STATES POSTAL SERVICE





May 2, 2001

To Whom It May Concern:

The enclosed piece of mail was returned back to the sender in error by the United States Postal Service in error. Please accept our apology for any inconvenience this may have caused your company.

Sincerely,

Thomas M. Evans