2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000022541 1. Entity Name E. DUGGER ENTERPRISES, INC. 05-03-2001 91011 019 ***150.00 Principal Place of Business Mailing Address 3720 NW 43RD ST. 3720 NW 43RD ST. STE. 100 STE. 100 GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address P.O. Bux 2049 6411 Martin Luther King Old Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Alachur, FL Alachur, F City & State 4. FEI Number Applied For City & State 3207195 32615 Not Applicable 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 Edward L. Dugger Address (P.O. Box Number is Not Address) 16411 Martin Luther King DUGGER, EDWARD L 3720 NW 43RD ST. STE. 100 **GAINESVILLE FL 32606** Zip Code rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE 2 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TIT! F Dugger, Edward L. 16411 Marin Luther King Blod DUGGER, EDWARD L NAME 3720 NW 43RD ST., STE, 100 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP CITY-ST-ZIP Alachur, +L. 32615 ☐ Delete TITI F TITLE NAME Joseph C. Mack NAME 16411 Martin Luther King Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Alachun-fl -- 32615 ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receive of this team move and 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 artischment with arrividress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED IGNING OFFICER OR DIRECTOR Daytime Phone #