Amended

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022541

1. Entity Name
E. DUGGER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~16120 NW US HIGHWAY 441~~	~~P O BOX 2049~~
~~UNIT 20~~	~~ALACHUA FL 32615~~
~~ALACHUA FL 32615~~	

2. Principal Place of Business	3. Mailing Address
18057 N. Hwy 301	3720 NW 43rd St
Suite, Apt. #, etc.	Suite, Apt. #, etc. #100
City & State: Citra FL	City & State: Gainesville FL
Zip: 32113 Country: Marion	Zip: 32606 Country: Alachua

59-3647774
☑ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~59-3207105~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUGGER, EDWARD L
~~16411 MARTIN LUTHER KING BLVD~~
~~ALACHUA FL 32615~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3720 NW 43rd St #100

City Gainesville FL Zip Code 32606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Edward L. Dugger 4/2/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUGGER, EDWARD L 3720 NW 43RD ST., STE. 100 GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MACK, JOSEPH C 16411 MARTIN LUTHER KING BLVD ALACHUA FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-9-03 352-375-7511 386-462-5429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/2/03