2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P00000030125 HILL & HARRY HOLDINGS, INC. 04-10-2001 90137 003 ***150.00 Principal Place of Business Mailing Address 4222 BRAEMER AVE 4222 BRAEMER AVE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address 9537 Portbury Drive 9537 Portbury Dr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **QKARAXXXXXXXXX** <u>QKRKKXXXXX</u>PRRKXQ Applied For City & State 4. FEI Number City & State 3680949 Not Applicable O<u>rlando, Florida</u> Orlando. Florida \$8.75 Additional 5. Certificate of Status Desired Fee Required 32836 32836-USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nathan Hill HILL, NATHÀN Street Address (P.O. Box Number is Not Acceptable) **4222 BRAEMER AVE** 9537 Portbury Drive LAKELAND FL 33813 Zip Code 32836 Orlando 8. The above named pose of flanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Director X Change ☐ Delete TITLE HILL, NATHAN NAME Hill, Nathan **4222 BRAEMER AVE** STREET ADDRESS 9537 Portbury Drive LAKELAND FL 33813 CITY-ST-ZIP Orlando, FL 32836 ☐ Addition Change ☐ Delete TITLE Director HARRY, EUDENE NAME Harry, Eudene **4222 BRAEMER AVE** STREET ADDRESS

11. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS 9537 Portbury Drive Orlando, FL 32836 LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP. ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 ☐ Delete [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

(ng does not qualify) or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director diseasecute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or sopplemental reports of the corporation or the rece changed, or on an attachmen empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

13. I hereby certify that the information supplied