2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

ner like empowered.

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P00000031662 1. Entity Name 03-07-2002 90062 011 ***150.00 BIG BASS BROWN, INC. Mailing Address Principal Place of Business 6146 US HWY 98 N. 6146 US HWY 98 N. LAKELAND FL 33809 LAKELAND FL 33809 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3642974 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WORKMAN MICHAE WORKMAN, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) C/O WENDEL, CHRITTON, PARKS, DEBARI, PEDDY 5300 S. FLORIDA AVE. 500 S. FLORIDA AVE LAKELAND FL 33813 LAKELANO 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. JUST CHANGE OF A OPRESS Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 11. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TÜLE Delete NAME BROWN, RICHARD R NAME STREET ADDRESS STREET ADDRESS 3305 IMPERIAL LN CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33813 ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED