2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 08:00 AM P00000035257 DOCUMENT # 1. Entity Name **Secretary of State** KLC ENTERPRISES OF THE FIRST COAST, INC. Principal Place of Business Mailing Address 8691 HEATHER RUN DR., SOUTH 8691 HEATHER RUN DR., SOUTH JACKSONVILLE FL JACKSONVILLE FL 32256 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3637676 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELK SCOTT CAMPBELL 8691 HEATHER RUN DR., SOUTH Street Address (P.O. Box Number is Not Acceptable) 8691 HEATHER RUN DR., SOUTH JACKSONVILLE FL32256 City Zip Code JACKSONVILLE 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. 04/28/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CAMPBELL MAME KRISTIE L. NAME 8691 HEATHER RUN DR., SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE. FL 32256 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME CAMPBELL SCOTT NAME STREET ADDRESS 8691 HEATHER RUN DR., SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

04/28/2001

Daytime Phone #

Date

SIGNATURE: Scott.R. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)