2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P0000042968 A & B WHOLESALERS, INC. 01-31-2001 90289 035 ***150.00 Principal Place of Business Mailing Address 348 WEST 21ST ST 348 WEST 21ST ST JACKSONVILLE FL 32239 JACKSONVILLE FL 32239 **PART 3000** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNETT, ELIZABETH J **348 WEST 21ST ST** JACKSONVILLE FL 32239 8. The above the purpper of changing its registered office or registered agent, or both, in the State of Florida. SIGN TURE (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 7 TITLE ☐ Delete ■ Change ☐ Addition BENNETT, ELIZABETH J BENNETT, ELIZABETH J NAME 348 WEST 215+ St STREET ADDRESS 348 WEST 21ST ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32239 CITY-ST-ZIP TACKSONVIILE, Fl. 32206 ☐ Delete TITLE Addition BENNETT, TAMMY J BENNETT, TAMMY A 348 WEST 21St St NAME STREET ADDRESS **348 WEST 21ST ST** STREET ADDRESS JACKSONVILLE Fl. 32206 CITY-ST-ZIP JACKSONVILLE FL 32239 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DDE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 received or trustee empowered to execute this peport 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 error wered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

SIGNAL PRINTED VALE OF SIGNING OFFICER OR DIRECTOR DIRECT