2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2001 8:00 am Secretary of State DOCUMENT # P00000062431 PULLEY & ASSOCIATES, INC. 02-19-2001 90054 039 ***150.00 Principal Place of Business Mailing Address 1572 DEERFIELD AVENUE 1572 DEERFIELD AVENUE DELTONA FL 32725 DELTONA FL 32725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3654583 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PULLEY, RHONDA G Street Address (P.O. Box Number is Not Acceptable) 1572 DEERFIELD AVENUE **DELTONA FL 32725** Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title il applicable. 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. XX Addition Change TITLE ☐ Delete Pulley Jonathan R PULLEY, JONATHAN R NAME 1572 Deerfield Avenue 1572 DEERFIELD AVENUE STREET ADDRESS STREET ADDRESS Deltona,FL 32725 CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** X Addition ☐ Delete TITLE TITLE Pulley Rhonda G PULLEY, RHONDA G NAME NAME 1572 Deerfield Avenue STREET ADDRESS 1572 DEERFIELD AVENUE STREET ADDRESS Deltona FL 32725 CITY-ST-ZIP CITY-ST-7/P **DELTONA FL 32725** Change Addition TITLE TITLE Delete 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-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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

changed, or on an attachment with an address, with all other like empowered.