FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 16, 2001 8:00 am DOCUMENT # p0000062690 Secretary of State 1. Entity Name 05-16-2001 90246 010 ***158.75 EXERCISE WITH MEANING, INC. Principal Place of Business Mailing Address ~ c/o John:K. McClure c/o Susan W. Mayworth PAMBLAAT 3923 Kenilworth Blvd. 230 Sî∷Commerce Ave. Sebring, FL 33870-0050 Sebring, FL 33870 2. Principal Place of Business 3. Mailing Address 7400 Arbuckle Creek Rd. P.O. Drawer 969 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Sebring, FL 65-1034022 Sebring, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 33871-0969</u> USA 33870 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Susan W. Mayworth John K. McClure Street Address (P.O. Box Number is Not Acceptable)
7400 Arbuckle Creek Road 230 S. Commerce Avenue Sebring, FL 33870-3603 City 33876° Sebring 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 Susan W.Mayworth (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete TITLE Addition TITLE Director NAME NAME Mayworth, Susan W. STREET ADDRESS STREET ADDRESS 7400 Arbuckle Creek Road CITY-ST-ZIP CITY-ST-ZIP Sebring, FL 33870 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ 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 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.

SIGNATURE: