2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P0000063894 CINDI REID CORPORATION 03-05-2001 90074 028 ***150.00 Principal Place of Business Mailing Address 228 SEA ISLAND DRIVE 228 SEA ISLAND DRIVE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 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 59-3660731 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAUGHON, RICHARD S Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE STE. 2000 JACKSONVILLE FL 32202 City Zip Code F 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, typed or printed name of registered agent and title if applicable. DAT (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE Change ☐ Addition REID, CINDI NAME 228 SEA ISLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Addition TITLE ☐ Delete THE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Change TITLE ☐ Delete TITLE 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 eath, that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ith all other like empowered. changed, or on an attachment with an address

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