FOR PROFIT CORPORATION

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT #, POTTOGO SOS A 1. Entity Name Raymond Pithman, INC 03 MAR 24 M H: 27 SECRETARY OF STATE TALEMIASSEE, FLORIDA DO NOT WRITE IN THIS SPACE. 7.1 DO NOT WRITE IN THIS SPACE Applied For Not Applicable ~\$8.75 Additional-Fee Required and Address of Current Registered Agent DO-NOT-WRITE IN THIS SPACE 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. I am familia January 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing **\$5.00** May Be Amended UBR is \$61.25 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TO MANAGE ! CR2E034B (12/02) TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 4 Some fifte~~ $\mathcal{D}^{i,*}$ NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP THE. TITLE - THE STATE OF THIS SPA NAME NAME STREET ADDRESS STREET ADDRESS · :: CITY-ST-ZIP CITY-ST-ZIP TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or on an attachment with an address, with all other like empowered.