2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 03, 2001 08:00 AM P00000075918 DOCUMENT # 1. Entity Name **Secretary of State** SIGEL VARNER ENTERPRISES, INC. Principal Place of Business Mailing Address 730 S. DILLARD ST. 730 S. DILLARD ST. WINTER GARDEN FL WINTER GARDEN FL34787 34787 2. Principal Place of Business 3. Mailing Address PO BOX 783365 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WINTER GARDEN 59-3664628 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIGEL RENEE 730 S. DILLARD ST. Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL34787 Zip Code 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. 09/03/2001 Signature, typed or printed name of registered agent and title if applicable, (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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME VARNER NICK D STREET ADDRESS STREET ADDRESS 12842 MAGNOLIA POINTE BLVD. CITY-ST-ZIP CITY-ST-ZIP CLERMONT ☐ Delete TITLE ☐ Change X Addition NAME NAME VARNER TONI STREET ADDRESS STREET ADDRESS 12842 MAGNOLIA POINTE BLVD. CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL34711 ☐ Delete VP TITLE ☐ Change X Addition NAME SIGEL MICHAEL STREET ADDRESS STREET ADDRESS 730 S. DILLARD ST. CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL. 34787 ☐ Delete TITLE Change ☐ Addition SIGEL RENEE NAME STREET ADDRESS 730 S. DILLARD ST. STREET ADDRESS CITY-ST-ZIP WINTER GARDEN 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

SIGNATURE: Nick-Varner p 09/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #