2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P00000080138 1 Entity Name 05-15-2001 90185 032 ***158.75 BURTON INTERNATIONAL, INC. Principal Place of Business Mailing Address 130 SATELLITE COURT 130 SATELLITE COURT LEESBURG FL 34748 LEESBURG FL 34748 00052719 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 4. FEI Number 59-3672651 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. PETERS, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 2501 W. MAIN ST. #110 LEESBURG FL 34748 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. BURTON, Robert P ☐ Addition Change TITLE ☐ Delete TITLE 130 Satellik Court NAME **BURTON V. ROBERT P** NAME STREET ADDRESS STREET ADDRESS 130 SATELLITE COURT Losburg, FL 84748 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 **Change** TITLE ☐ Delete TITLE ☐ Addition Burton IV, Robert P NAME BURTON IV. ROBERT P NAME 1236 Riverview Place STREET ADDRESS STREET ADDRESS 1236 RIVERVIEW PLACE CITY-ST-ZIP CITY-ST-ZIP Covington, KY 41011 COVINGTON KY 41011 Addition TITLE_. Delete.___ TITLE Change GROSS, ANGELA C NAME NAME STREET ADDRESS STREET ADDRESS 127 N.7TH STREET CITY-ST-ZIF CITY-ST-ZIP LEESBURG FL 34748 TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 352-365-7832 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

CR2E034 (10/00)