2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P00000082379 1. Entity Name 05-11-2001 90308 042 ***150.00 JOEL RAULERSON INC Principal Place of Business Mailing Address 608 Edward St 608 Edward ST New Smyrna Bch Fl New Smyrna Bch Fl 32168 32168 3. Mailing Address 2. Principal Place of Business 1個家山鄉鄉野 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3668202 Not Applicable Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Raulerson, Joel 608 Edward ST Street Address (P.O. Box Number is Not Acceptable) New Smyrna Bch Fl 32168 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 Signification, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax Elina requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) ΧX Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1! 12. 11. TIME Delete TITLE Change Addition P, V, S, T NAME NAME Raulerson, Joel STREET ADDRESS STREET ADDRESS 608 Edward St CITY-ST-ZIP CHY-ST-ZF New Smyrna Bch Fl TITLE Delete TULE Change Addition MAME NAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIF HUE Delete THE Change acition [NAME MAME STREET ADDRESS STREET ADDRESS CHY- 61-752 CITY-ST-ZIP THIE Delete ☐ Change Addition CAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIE ☐ Delele THE ☐ Change Addition | THE 494ME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CBY-SY-ZIP

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.

Joel Raulerson - Pres

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information

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