SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P00000082510 W. GARRETT HOWARD, P.A. 01-25-2001 90009 039 ***150.00 Mailing Address Principal Place of Business 3514 RIDGE BLVD 3514 RIDGE BLVD PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \square Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ----HOWARD,-W-GARRETT Street Address (P.O. Box Number is Not Acceptable) 3514 RIDGE BLVD PALM HARBOR FL 34684 Zip Code City FL of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit SIGNATURE (NOTE: Registered Agent signature required when reinstating) d title if applicable. 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 filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE HOWARD, W GARRETT MAME 3514 RIDGE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filing does no quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental apport is frue and accurate and fail 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 and powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

AME OF SIGNING OFFICER OR DIRECTOR