2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P0000085641 **- ** HALBO NORTH, INC. 04-19-2001 90032 013 ***150.00 Principal Place of Business Mailing Address 1120 S.E. CLFTON LANE 1120 S.E. CLFTON LANE PT. ST. LUCIE FL 34983 PT. ST. LUCIE FL 34983 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe Not Applicable \$8.75 Additional 5. Certificate of Status Desired AN KIUER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, CLARENCE F Street Address (P.O. Box Number is Not Acceptable) 1120 S.E. CLFTON LANE PT. ST. LUCIE FL 34983 City Zip Code Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 55 19th LAWE ☐ Delete TITLE TITLE NAME HALL, CLARENCE F NAME STREET ADDRESS 1120 S.E. CLFTON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. ST. LUCIE FL 34983 TITLE Delete TITLE NAME HALL, LINDA NAME STREET ADDRESS 1120 S.E. CLFTON LANE STREET ADDRESS CITY_ST_ZIP_ CITY-ST-ZIP PT: ST: LUCIE FL-34983 ----TITLE ☐ Delete TITLE BASQUEZ, SUSHO NAME BASQUEZ, SUSAN NAME STREET ADDRESS STREET ADDRESS 1120 S.E. CLFTON LANE CITY-ST-ZIP CITY-ST-ZIP PT. ST. LUCIE FL 34983 TITLE Delete TITLE NAME HALL, BARBARA NAME STREET ADDRESS STREET ADDRESS 1120 S.E. CLFTON LANE CITY-ST-ZIP CITY-ST-ZIP PT. ST. LUCIE FL 34983 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HALL, DEBORAH STREET ADDRESS STREET ADDRESS 1120 S.E. CLFTON LANE CITY-ST-ZIP CITY-ST-ZIP PT. ST. LUCIE FL 34983 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 upper that 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

SIGNATURE