2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P00000093862 PROFESSIONAL ASSET MANAGEMENT, INC. 04-12-2001 90038 032 ***150.00 Principal Place of Business Mailing Address 266 KATHERINE BLVD #7112 266 KATHERINE BLVD #7112 281.26X PALM HARBOR FL 34684-5614 PALM HARBOR FL 34684-5614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3671299 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCOOK, TERRY L Street Address (P.O. Box Number is Not Acceptable) 266 KATHERINE BLVD #7112 PALM HARBOR FL 34684-5614 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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, CHAIRMAN/CEO/SEERETARY CR2E034 (10/00) ☐ ∩elete TITLE TITLE TERRYL. MCCOOK NAME NAME 266 HATHERINE BLVD., #7112 STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34684-5614 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE Delete TITLE EILEEN H. M. COOK NAME NAME 266 KATHERINE BLVD. #7112 STREET ADDRESS STREET ADDRESS ALM HARBOR, FL 34684-5614 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ■ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 his 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 enpowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR