2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P0000098660 Feb 21, 2001 8:00 am Secretary of State 1. Entity Name THAXTON INTERNATIONAL, INC. 02-21-2001 90197 015 ***150.00 Mailing Address Principal Place of Business 590 NE 185TH STREET 590 NE 185TH STREET NORTH MIAMI FL 33179 NORTH MIAMI FL 33179 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 65-10500 Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCOY, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 590 NE 185TH STREET **NORTH MIAMI FL 33179** Zip Code City 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 Senature, typed or probot name of on passed agent and like if applicable (NOTE, Registered Agent signature returned when constaling) 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 filling 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 11. ☐ Change - Addition ☐ Delete TITLE THAX TON, GORALA NAME STREET ADDRESS STREET 400RESS CITY-ST-ZIP CHT+-ST-Z#P Thax Ton, Romanda $= \sum_{i=1}^n (1/2)^{n-1} \sum_{i=1}^n (1/2)^{$ Change TITLE THILE wmy STREET ADDRESS STREET ADDRESS ₽7'-ST-ZIP CITY - \$1 - 24P Change 100 CC HELE MC-Coy-KENNE HADE 2000 Suny 5: DE TERRE MIAMI, FL. 33/38 STREET ADDRESS STREET -ODRESS CITY-ST-ZIP ~ 0114 - ST - ZIP ☐ Change []] Lippin, 6 31715 ARTHUR LU AUGO NAME CIOTHAXTON INTERNATIO MEINORGS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 90 N.E. 1855-NEET. ⊟ Adlari∙ Changa MONTH MIRMINEN. 3 91919 THE NAME HAME STREET ADDRESS STREET HODRESS CITY-SI-ZIP CITY - ST-ZIP Change Desp TITLE Delete THE NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 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 circuit 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 changed or on an attachmen ner like empowered.