2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000104744 May 03, 2001 8:00 am Secretary of State Desotan, Inc. 05-03-2001 91165 045 ***158.75 Principal Place of Business Mailing Address C0059014 2. Principal Place of Business 3. Mailing Address 895 y Lemon Lemon Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59- 3680897 Not Applicable Country
U, S. 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 E. Workman Name. Michael Street Address (P.O. Box Number is Not Acceptable) Wendel + Chritton, Chartered 5300 South Florida Avenue Lakeland. FL Zip Code 33813 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 DATE Signature, typed or printed name of registered agent and 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSD ☐ Change **▼** Addition TITLE ☐ Delete charles D. Tucker, Jr. 2315 Mini Ranch Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33810 X Addition ☐ Change V T DTITLE ☐ Delete Tucker NAME NAME Lisa Mini Ranch STREET ADDRESS STREET ADDRESS 2315 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ■ Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP on 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 mental 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 or tystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informat of the corporation or the