May 15, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # P0000010 5354 05-15-2002 90064 047 ***150 00 BQP ENTERPRISES Inc Principal Place of Business 2738 ROSELLE STREET JACKSONUZUE FL 32205 2. Principal Place of Business 3. Malling Address 2738 ROSELLE STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 4913082 JACKSONUTUR AL Not Applicable 3220S 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 Name ROWLAND Y. WELLTAMS Street Address (P.O. Box Number is Not Acceptable) 1125-1 CESERY BLUD JACKSONVECE FL. 32211 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) DATE 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. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Dalete Addition NAME HAME MICHAEL HILLTARD STREET ADDRESS STREET ADDRESS P.O. BOX 2631 Jax 76. Jus CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE MLE Change ROSEBUS HZLLZAKS NAME HAME STREET ADDRESS STREET ADDRESS CTY-ST-7P CITY-ST-78F TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP Change Addition mir TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change MLE TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 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 empowered. SIGNATURE: