FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P00000110813 1. Entity Name 05-16-2001 90005 023 ***150.00 PIN HIGH ENTERPRISES, INC. Principal Place of Business Mailing Address 6801 W DUNNELLON RD 6801 W DUNNELLON RD DENNELLO FL 34433 DENNELLO FL 34433 549428 2. Principal Place of Business 3. Mailing Address 6801 DO NOT WRITE IN THIS SPACE Applied For State Not Applicable Zip \$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 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE CORAL GABLES FL 33134 301 W. Dunnell City 8. The above named entity submits this statement for the purpose of changing its registered office or registere gent, or both, in the State of Florida (NOTE: Registered A 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE PSTD ☐ Delete TITLE Addition NAME CICERO, JEAN B NAME STREET ADDRESS STREET ADDRESS 6801 W DUNNELLON RD CITY-\$T-ZIP CITY-ST-ZIP DENNELLO FL 34433 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME BURRY, JOAN NAME STREET ADDRESS STREET ADDRESS 6801 W DUNNELLON RD CITY-ST-ZIP CITY-ST-ZIP DENNELLO FL 34433 TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE 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-\$T-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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Date