2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P00000110910 ~ Apr 24, 2001 8:00 am Secretary of State STOCKTON ENTERPRISES, INC. 04-24-2001 90310 042 ***150 00 Principal Place of Business Mailing Address 750 NW 38 STREET 750 NW 38 STREET FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 70000 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. FE! Number City & State - 106/203 Not Applicable \$8.75 Additional Zip Country 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 STOCKTON, RODNEY M Street Address (P.O. Box Number is Not Acceptable) **750 NW 38 STREET** FT LAUDERDALE FL 33309 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE □ Delete TITLE NAME STOCKTON, RODNEY M NAME STREET ADDRESS STREET ADDRESS 750 NW 38 STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 X Addition Change TITLE ☐ Delete Denise S. Medrick NAME NAME 23359 A SW 65 Way STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON. CITY-ST-ZIP **⊠**/Addition Change TITLE Delete TITLE phij Kelsei NAME NAME STREET ADDRESS 6711 NW 26 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #

Date