FILED 2001 UNIFORM BUSINESS REPUR: WBD AC 05/01/2001 10:28 WBD ACCT IN May 18, 2001 8:00 am Secretary of State DOCUMENT # P00000111773 1. Entity Name 05-18-2001 91587 034 \*\*\*150.00 BURLEY CUSTOM RODS & REELS, INC Principal Place of Business Mailing Address 1542 N. FEDERAL HIGHWAY SAME POMPANO BEACH, FL 33062 X0070367 2. Principal Place of Business 3. Mailing Address AS ABOVE AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 65-1081778 Not Applicable Ζip Country Ζ'nρ 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 DANIEL G. GASS, ESQ Street Address (P.O. Box Number is Not Acceptable) 10001 N.W 50TH STREET, #204 SUNRISE, FL 33351 City Zip Çode 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 reinstalling) 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 \$650.000 he Check Payabis to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Dalete Change Addition DEAN BURLEY NAME NAME STREET ADDRESS 1235 S.W. 3RD AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 --CITY-ST-ZIP TITLE Dalets Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dalate ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 72.5 ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition 🛄 NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-27 TILE Delete TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing doas/not qualify for the exemption stated in Section 119.07(3)(i). Florida Stautas. 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 it made under cath; that I am an officer or director changed, or on an attachment with anyaddress, with all other, like empowered. 954-125-1811

\_SIGNATURE: 🛣