2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secretary of State **DOCUMENT#** P01000008405 07-16-2002 90374 008 ***150 00 1. Entity Name 1ST CHOICE CLAM SEED, INC. Principal Place of Business Mailing Address 419 N WASHINGTON AVE 419 N WASHINGTON AVE 40063 TITUSVILLE FL 32798 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 369216~ Applied For Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, EDWARD G ENUTI 419 N WASHINGTON AVE - -TITUSVILLE FL 32796 City TITUSVILLE 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. I am familiar with, and accept 0413 SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ППΕ NAME . NELSON, EDWARD G Addition NAME STREET ADDRESS 419 N WASHINGTON AVE STREET ADDRESS CITY-ST-2IP TITUSVILLE FL 32796 CITY-ST-ZIP TITLE ☐ Delete NAME NELSON, FLORENCE P ☐ Addition NAME STREET ADDRESS 419 N WASHINGTON AVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE.FL.32798. CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME. --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS

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

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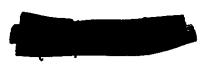
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1ST CHOICE CLAM SEED INC 419 N WASHINGTON AVENUE TITUSVILLE, FLORIDA 32796-5808



#P0100008405JULY 9, 2002

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Attention: Ms. Katherine Harris

Dear Ms Harris.

It was never my intent to let my corporation go to dissolution. The first time I realized that was about to happen was when I received your notice. I never received any other correspondence from your office. I am asking for your help in accepting the normal fee of \$150.00 (enclosed check).

Thank you in advance for any consideration you may give me.

Sincerely,

1ST CHOICE CLAM SEED INC

EDWARD G NELSON