2002 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2002 8:00 am Secretary of State P01000026046 DOCUMENT # 1. Entity Name 09-11-2002 90065 048 ***550.00 ROWLEY ENTERPRISES, INC. Principal Place of Business Mailing Address 1270 OKLAHOMA AVE. 1270 OKLAHOMA AVE. OVEIDO FL 32765 OVEIDO FL 32765 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 Applied For 593713334 Not Applicable Zip Country Zip 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 ROWLEY, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1270 OKLAHOMA AVE. OVEIDO FL 32765 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating) 10 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Make Check Payable to Department of State 11% ON SPORT OF OFFICERS AND DIRECTORS'S CONSTRUCTION ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (4/02) ☐ Delete TITLE Change ■ Addition ROWLEY, BRIAN NAME NAME STREET ADDRESS 1270 OKLAHOMA AVE. STREET ADDRESS OVEIDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

FILED