FILED May 05, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000037566 1. Entity Name 05-05-2002 90288 035 ***150.00 B & T THOMAS, INC. Principal Place of Business Mailing Address 7116 BETTY STREET 7116 BETTY STREET WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business Mailing Address Green woo Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State State Park FC City & State 4. FEI Number Applied For rank Winter Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired us. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, TAMMY L Street Address (P.O. Box Number is Not Acceptable) 7116 BETTY STREET breenwood WINTER PARK FL 32792 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) Delete TITLE Change ☐ Addition NAME THOMAS, TAMMY L NAME STREET ADDRESS 7116 BETTY STREET STREET ADDRESS Park FL32792 CITY-ST-7IP WINTER PARK FL 32792 CITY-ST-ZIP TITE F ☐ Delete TITLE Change ☐ Addition THOMAS, WILLIAM H NAME NAME STREET ADDRESS 7116 BETTY STREET STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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

SIGNATURE:

with an address, with all other like empowered