2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000049200 Entity Name BRIDÉ AND GROOM, INC. 03 JUN -2 PM 4:58 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA RT. 4 BOX 40306 RT. 4 BOX 40306 MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business 3. Mailing Address Box 12/31 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number X Applied For Ssee Not Applicable \$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 SANDERS, C.B. RT. 4 BOX 40306 Street Address (P.O. Box Number is Not Acceptable) MONTICELLO, FL 32344 City Zip Code B. 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 FILE NOWILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition SIMPSON, CLYDE B NAME NAME 398 WILLOW POND RD STREET ADDRESS RT 4 BOX 40306 STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZP CRY-ST-2IP 20002077836^{29ange} 06/11/03--01046--020 **150.0 TITLE Addition ☐ Delete TITLE NAME NAME **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRY-ST-2IP TITLE ☐ Delete TOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-2IP TITLE Detete TOLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-21P TITLE Delete TITLE Change Addition NAMÉ NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. mil 21, 2003

SIGNATURE:

MARIA

INTERNAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #