FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State DOCUMENT # P01000055135 1. Entity Name 05-24-2002 91300 024 ***150.00 FRANK D'S, INC. Principal Place of Business Mailing Address 8317 FRONT BEACH ROAD 8317 FRONT BEACH ROAD SUITE 39 B0113777 SUITE 39 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address 2529 Pelican Bay Dr. 5508 Thomas رح ۱۲۱۷(Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For anama City Beach 59.3732994 tarama (it Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Box BAY Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Keiland Frank SPIEGEE & UTRERA. P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Pelican Bay Drive Zip Code **3240**8 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REILAND, FRANK NAME STREET ADDRESS 8317 FRONT BEACH ROAD SUITE 39 STREET ADDRESS CITY-ST-7IP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Change ☐ Addition NAME HASS, DAVE NAME STREET ADDRESS STREET ADDRESS 8317 FRONT BEACH ROAD SUITE 39 CITY-ST-ZIP CITY-ST: ZIP PANAMA CITY BEACH FL 32407 TITLE ☐ Delete Change Addition NAME NAME REILAND, JACKIE STREET ADDRESS STREET ADDRESS 8317 FRONT BEACH ROAD SUITE 39 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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-7/P 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 of 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

Reiland, Presidenty-10-02 850-774 6469 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

changed, or on an attachm