2002 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2002 8:00 am Secretary of State P01000055430 DOCUMENT # 1. Entity Name 01-27-2002 90016 001 ***150 00 PERSIST, INC. Principal Place of Business Mailing Address 901 SARA DRIVE 901 SARA DRIVE SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 901 SARA DRIVE SHALIMAR FL 32579 Zip Code City FL 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 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change 4 Addition TITLE ☐ Delete TITLE Mills, Mary Beth MILLS, SCOTT NAME NAME 901 Sara Drive 901 SARA DRIVE STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP Shalimar, FL Change Addition Delete TITLE Mills, Scott NAME STREET ADDRESS STREET ADDRESS 901 Sara Drive CITY-ST-ZIP CITY-ST-ZIP Shalimar, FL 32579 Change ☐ Addition Delete .. TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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

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