FILED Sep 12, 2002 8:00 am Secretary of State

| THE HUMAN TRUST, INC. G9-12-2002 S0000 035 ***150.00 | DOCUMENT # P01000059636 | | | | | | / Secretary of State | | | | |
|--|---------------------------------------|--|---------------------|---------------------------------------|--------------------|--|---|---|-------------------|-------------------|--|
| POST OFFICE BOX 721 PORT ST. LUCE FL 3488 POST OFFICE BOX 722 PORT ST. LUCE FL 3488 Suite, Apt. #, etc. City & State Ci | THE HU | MAN TRUST, INC. | | | | | 09-12-2 | 00 2 90060 0 |)35 ***15 | 0.00 | |
| 2. Principal Place of Business 3. Molling Address Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE In This SPACE Zip | Principal Plac | ce of Business | Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE Application of Status Desired Application of Pool Regulatorial Address of Current Registered Apent T. Name and Address of New Registered Apent DYKES, VELTON S Street Address (P.O. Box Number is Not Acceptable) DYKES, VELTON S Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The objection desired agent Application of registered agen | | | • | | | A (0 (I A | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE Application of Status Desired Application of Pool Regulatorial Address of Current Registered Apent T. Name and Address of New Registered Apent DYKES, VELTON S Street Address (P.O. Box Number is Not Acceptable) DYKES, VELTON S Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The objection desired agent Application of registered agen | | | | | | | | | | | |
| City & State Country Country S. Country | 2. Principal F | Place of Business | 3. Mailing Address | | | I | | lil 08 211 18 112 7013 2 | DIZIO IZILA BILAI | I IIRIU URII REDI | |
| Zip Country Zip Country 8. Certificate of Statute Desired \$8.75 Additional Press Proquied \$8.00 American Address of Current Registered Agent \$1.00 American Address of Current Registered Agent \$1.00 American Address of Current Registered Agent \$1.00 American Address of New Registered Agent \$1.00 American Agent \$1.00 American Address of New Registered Agent \$1.00 American Agent \$1.0 | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Actisional Street Required Agent Port St. LUCIE FL 34983 City FL City FL City FL City | City & Stat | te | City & State | | | 4. FEI Number Applied For Not Applied For | | | | | |
| Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL City FL Zio Code City City City FL Zio Code City City City FL Zio Code City City FL Zio Code City City FL Zio Code City City City FL Zio Code City City City City FL Zio Code City City City City City City FL Zio Code City City City City FL Zio Code City City City City City FL Zio Code City | Zip Country | | Zip | Zip Country | | 5 Contificate of Status Posited S8.75 Additional | | | | | |
| DYKES, VELTON S 1833 S.W. BELLEVIE AVENUE PORT ST. LUCIE FL 34953 City FL Zio Code | | 6. Name and Address of Current | Registered Agent | | | 7. Name | and Address of Ne | | | | |
| 1633 S.W. BELLEVUE AVENUE PORT ST. LUCIE FL 34953 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. Specific programment and exects to do so. (See criteria on back) 13. This corporation is eligible to satisfy its Intangible 1/4 Killing requirement and exects to do so. (See criteria on back) 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing 1/4 Addition 16. PORT ST. LUCIE FL 34953 17. Addition 18. TO STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. TO STREET ADDRESS 19. Election Campaign Financing 1/4 Addition 19. MAKE STREET ADDRESS 19. Election Campaign Financing 1/4 Addition 19. Election C | DVI/CO 1 | #170H 0 | | Name | Name | | | | | | |
| S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am namiliar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu | | | Street Address (| | | P.O. Box Number is Not Acceptable) | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat | PORT ST | . LUCIE FL 34953 | | | | | | | | | |
| SIGNATURE S. This corporation is eligible to satisfy its Intangible (See criteria on back) See | | | | City | | | | FL | Zip Cod | е | |
| TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST | . 9. This corpo | oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW! | !! FEE IS \$550 , 2002 Fee will | .00 be \$750.00 | 10 | Election Campaigr | Financing _ | \$5.0 | O May Be | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | le to Departme | nt of State | | Trust Fund Contrib | ution. | J Added | to Fees | |
| NAME STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34985 POST OFFICE BOX 7221 PORT ST. LUCIE FL 34985 POST OFFICE BOX 7221 PORT ST. LUCIE FL 34985 POST OFFICE BOX 7221 PORT ST. LUCIE FL 34985 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP | | | | | T | ADDITIO | NS/CHANGES TO | OFFICERS AND | | | |
| NAME STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34985 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | SCHEVERS, KEVIN J 1867 SW IMPORT DRIVE | Uelete | NAME Street Address | | | | | □ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | DYKES, VELTON S POST OFFICE BOX 7221 | ☐ Delete | NAME STREET ADDRESS | | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | , which was the same | ☐ Delete | NAME STREET ADDRESS | | | ~ . | | Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADDRESS | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | | □ Delete | NAME STREET ADDRESS | | | | | ☐ Change | Addition | |
| | NAME STREET ADDRESS CITY-ST-ZIP | pertify that the information supplied with | | NAME STREET ADDRESS CITY-ST-ZIP | ted in Sassic | on 110 07 | (3)(i) Elorido Statut | oe I further ser | | | |

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.

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

772-871-2880 Daytime Phone #

all ashment

P0100005-9636

Division of Corporations Tallahassee Florida

September 01, 2002

RE: The Human Trust Inc.

I was not aware that the filing fee was due before I received this current notice. I called your office and spoke to someone about not receiving the first notice and they informed me that I could pay the original \$150 fee at this time if I included this letter.

Thank you

Velton S Dykes

President

The Human Trust Inc.