2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000107673 1. Entity Name WOLFE INVESTMENTS, INC. Mailing Address 6403 GULF OF MEXICO BLVD. MARATHON FL 33050 Marathon FL 33050 Marathon FL 33050 FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90035 017 ***150.00

2. Principal Place of Business 3. Mailing Address Copa D Oro East Box 522740 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Marathon FLorida Marathon Shores, FL 1158791 65-Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3050 330<u>52</u> Monroe Monroe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALDERA, CHRISTOPHER B PA Street Address (P.O. Box Number is Not Acceptable) 11300 OVERSEAS HWY. MARATHON FL 33050 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E Delete TITLE ☐ Addition Wolfe Rodger D 868 Copa D Oro East NAME WOLFE, RODGER D NAME 6403 GULF OF MEXICO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP Marathon: FL 33050 TITLE ☐ Delete TITLE Change Change Addition NAME WOLFE, JAN J Jan J NAME 868 Copa D Oro East STREET ADDRESS 6403 GULF OF MEXICO BLVD. STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP Marathon TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition

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 with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

305- 143-5988

CR2E034 (9/01

Daytime Phone #