2003 FOR PROFIT CORPORATION

FILED Sep 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000027630 DOCUMENT # 09-12-2003 90095 038 ***150.00 1. Entity Name IRVIN INC. Principal Place of Business Mailing Address 405 WILLET AVENUE **405 WILLET AVENUE** JUPITER FL 33458 JUPITER FL 33458 us IIS 2. Principal Place of Business 3. Mailing Address 16625 NW 280th Street 16625 NW 280th Street Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 27-0015726)keechobee Not Applicable Keechobee Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Davo IRVIN, PATRICIA Street Address (P.O. Box Number is Not Acceptable) **405 WILLET AVENUE** JUPITER FL 33458 Okeechobee 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. president Patricia Irvin Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE Change TITLE Patricia Irvin IRVIN, PATRICIA NAME NAME 16625 NW 280th Street **405 WILLET AVENUE** STREET ADDRESS STREET ADDRESS JUPITER FL 33458 Okeechobee FL 34972 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITI F V P Change X Addition Johnny Irvin 16625 NW 280th Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Okeechobee ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

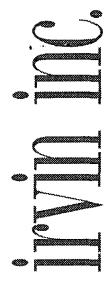
STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

tricia Irvin



16625 NW 280th St. - Okeechobee, FL 34972

tel: 863-467-5420 email: patricial@gate.net



\$01474630 #P02000027630

September 9, 2003

Uniform Business Report Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir/Madam:

Enclosed please find completed Uniform Business Form for Irvin Inc. and check for \$150 filing fee. I am requesting that the late fee be waived and stating that the corporation did not receive prior notice. Thank you for your consideration.

Kind Regards,

Patricia Irvin President, Irvin Inc.

encl.