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AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000032688

1. Entity Name

SOLD, INC.

DO NOT WRITE IN THIS SPACE

500043220255
12/06/04--01068--015 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1969 Yorkshire Drive	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, FL	City & State:
Zip: 32724 Country: United States	Zip: Country:

4. FEI Number: 04-3629972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22nd St, 4th Floor

City: Miami FL Zip Code: 33145

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: Spiegel & Utrera — Natalia Utrera, Vice President — DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Paul D. Long 1969 Yorkshire Drive Deland, FL 32724
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Laura M. Long 1969 Yorkshire Drive Deland, FL 32724
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul D. Long, President — 11/22/04 — (386)734-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #