2003 UNIFORM BUSINESS REPORT (UBR)

05-05-2003 91414 049 ***150.00
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FILED
03 AUG 14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ac 8/14/03

[redacted]

DOCUMENT # P02000121577

1. Entity Name
FELON, INC.

Principal Place of Business	Mailing Address
9209 W. HIGHLAND PINES DR. PALM BEACH GARDENS, FL 33418	9209 W. HIGHLAND PINES DR, PALM BEACH GARDENS, FL 33418

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: applied for ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

MINTMIRE, DONALD F ESQ.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: Steven HoBBS
Street Address (P.O. Box Number is Not Acceptable): 9209 W. Highland Pines DR.
City: Palm Beach Gardens FL Zip Code 33418

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 [signature] Aug. 12th 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Steven HoBBS 9209 W. Highland Pines DR. P. Bch. Gardens FL. 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #