2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 amg Secretary of State **DOCUMENT #** P02000128448 05-05-2003 91908 011 ***150.00 1. Entity Name BLUE WHALE CONSULTING, INC. Principal Place of Business Mailing Address 3120 NW 37TH ST. 3120 NW 37TH ST. GAINESVILLE FL 32605 GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 2519 WEST STATE Rd 235 PO Box 358513 4. FEI Number Applied For City & State FLOAIDA 11-3661265 RAOU KER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 32635-8513 **3**2622 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E, HOLMES SR. STEVENS, RONALD W ESQ. Street Address (P.O. Box Number is Not Acceptable) 280 EAST HATHAWAY AVE. **BRONSON FL 32621** GAINESVILLE 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. - SR. - ROWALD E HOLMES - SEC/DIRECTION of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Addition DINKINS, W. ARNOLD NAME NAME STREET ADDRESS 3120 NW 37TH ST: STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP D - PRESIDENT - TREASURER Addition TITLE TITLE Change WILLIAM L. REGISTER III NAME NAME 2519 WEST STATE, AD 235 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BASSHER FLORIDA 32622 D-SECRETARY-TITLE ☐ Delete TITLE Change ☐ Addition RONALD E HOLMES SR. NAME NAME =1118=NW 36 TO TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP GAINES UILLE , FLOXISA 32605 TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP