2003 FOR PROFIT CORPORATION

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May 05, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P02000128452 DOCUMENT # 05-05-2003 91908 014 ***150.00 1. Entity Name SENIOR BASS, 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 BD 235 <u>PDBox</u> 358513 City & State 4. FEi Number Applied For 02-0656186 BROOKER FLORIDA PAINESUILLE FLORIDA Not Applicable Country Zip \$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 HOLMES-STEVENS RONALD WESO == Street Address (P.O. Box Number is Not Acceptable) 280 E. HATHAWAY AVE. **BRONSON FL 32621** Zip Code GAINESUILLE 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. RONALD E. HOLMES Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI F TITLE Delete NAME DINKINS, W. ARNOLD NAME STREET ADDRESS 3120 NW 37TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 PRESIDENT- TREASUREIL .- D. ☐ Delete TITLE TITLE Change ☐ Addition WILLIAM L. REGISTER I NAME NAME 2519 WEST STATE RO 235 STREET ADDRESS STREET ADDRESS BRODHER, FLORIDA 32622 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR - SECRETARY TITI F ☐ Delete TITI F ☐ Addition ☐ Change RENALD E. HOLMES_S.R. NAME NAME 1118 NW 36 TEARACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FLORIDA 32605 CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME

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

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