2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2000 8:00 am Secretary of State **DOCUMENT # P30421** 1. Entity Name ELLIS LORD, INC. 04-03-2000 90124 049 ***158.75 Principal Place of Business Mailing Address P.O. BOX 161506 P.O. BOX 161506 MOBILE AL 36616-2506 MOBILE AL 36616-2506 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-1025664 Not Applicable Zip Country \$8.75 Additional Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name' MELVIN, JACKIE P Street Address (P.O. Box Number is Not Acceptable) 8826 N DAVIS HWY STE 1 356 W. Nine Mile Road PENSACOLA FL 32514 Pensacola 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PTD ☐ Delete TITLE TITLE NAME LORD, L. ELLIS NAME STREET ADDRESS STREET ADDRESS 501 CHURCH AVE. CITY-ST-ZIP CITY-ST-ZIP 36526 DAPHNE AL ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME WEBER, JAY W. STREET ADDRESS STREET ADDRESS 6416 TOKENEAK TRAIL CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36695 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE THE DEPTH THE OF SIGNING OFFICER OR DIRECTOR

3-31-2000

(334) 343-8198

Daytime Phone #