2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P36694** May 08, 2000 8:00 am Secretary of State 1. Entity Name INTERVEST CAPITAL CORPORATION 05-08-2000 90111 049 ***150.00 Mailing Address Principal Place of Business 5750 1 55 N FRONTAGE RD P.O. BOX 12791 JACKSON MS 39236-2791 JACKSON MS 39211 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. P. O. Boy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2118 753**8** City & State 4. FEI Number Applied For 64-0693266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERKEURST, DUDLEY Street Address (P.O. Box Number is Not Acceptable) 3000 JOE ASHTON RD ST AUGUSTINE FL 32092 Zip Code 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CP Nail, J. Stephen ☐ Delete TITLE TITLE NAIL, J. STEPHEN NAME NAME BO'BOT SIIB 5750 I-SS NORTH STREET ADDRESS STREET ADDRESS Madison, MS 39180-2118 CITY-ST-ZIP CITY-ST-ZIE JACKSON MX 39211 ☐ Delete TITLE TITLE Dudley, Rodney H. DUDLEY, RODNEY H. NAME NAME STREET ADDRESS 111 ROLLING MEADOWS STREET ADDRESS CITY-ST-ZIP madison, MS 39130-2118 CITY-ST-ZIP RIDGELAND MS 39157 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. I hereby 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 this 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.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(60) 709-6000 Dayture Phone #

Change

☐ Addition