2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P92000002982 1. Entity Name BULLEX, INC. 02-05-2001 90129 023 ***150.00 Principal Place of Business Mailing Address 2112 SYKES CREEK DRIVE 2112 SYKES CREEK DRIVE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 UVU14U40 2. Principal Place of Business 3. Mailing Address 3601 S. Banana River Blud iver Blud 6015.Banana Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A - 361 4-301 City & State City & State 4. FEI Number Applied For 59-3187198 cocoa Reach FL Boach Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32931 32931 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'BRIEN, RANDALL O Street Address (P.O. Box Number is Not Acceptable) 3601 South Banana Ri 2112 SYKES CREEK DRIVE MERRITT ISLAND FL 32953 Zip Code 3293) 8. The above named entity pose 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 sa 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) **PSTD** TITLE ☐ Delete Change O'BRIEN, Randall O 3601 S. Banana River NAME O'BRIEN, RANDALL O NAME Blud A-301 STREET ADDRESS 2112 SYKES CREEK DR. STREET ADDRESS 329**3**1 Cocoa Beach. CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not dealify 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 in 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

SMATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY O'BRIEN 1/30/01

321-784-2110

Daytime Phone #