2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P93000012163 1. Entity Name PAR MARKETING OF FLORIDA, INC. 05-14-2001 90064 017 ***150.00 Principal Place of Business Mailing Address 2385 AERIAL WAY 2385 AERIAL WAY **BROOKSVILLE FL 34609** BROOKSVILLE FL 34609 US HS 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 59-3166090 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENDERSON, DALE E Street Address (P.O. Box Number is Not Acceptable) 2385 AERIAL WAY **BROOKSVILLE FL 34609** Zip Code City FL 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. DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition EXVP ☐ Delete TITLE TITLE HENDERSON, DALE & NAME STREET ADDRESS 2385 AERIAL WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL 34609** Change ☐ Addition ☐ Delete TITLE HENDERSON, GERARD D NAME NAME STREET ADDRESS 2385 AERIAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** X Change Addition Delete TITLE TITLE. DELMASTRO, MAXINE NAME NAME: DALE E HENDERSON 2385 AERIAL WAY STREET ADDRESS 2385 AERIAL WAY STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34609** CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete Change ☐ Addition TIT! F TITLE WENRICH, RONALD C JR NAME NAME 2385 AERIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack L. The Joseph Date F. The Joseph Deliver Designing Officer or Director

Date Designature and Typed on Printed Name Of Signing Officer or Director

Date Designature Phone #

13. 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 11 or Block 12 if