2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am DOCUMENT # P93000021765 **Secretary of State** 1. Entity Name LEWIS C. POWELL JR. INC. 01-31-2001 90290 021 ***150.00 Principal Place of Business Mailing Address 6334 PINE MEADOW WAY 6334 PINE MEADOW WAY BRADENTON FL 34202 **BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address 2931 RINGLING BLUD 2831 RINGLING BLUS DO NOT WRITE IN THIS SPACE SUITE ZOZ-A SUITE 202-A City & State 4. FEI Number Applied For 65-0393644 Not Applicable SARA-SOTA Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWELL, LEWIS C JR. Street Address (P.O. Box Number is Not Acceptable) 6334 PINE MEADOW WAY **BRADENTON FL 34202** City 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 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, 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. TITLE ☐ Delete CR2E034 (10/00) TITLE Change ☐ Addition POWELL, LEWIS C JR. NAME NAME 6334 PINE MEADOW WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** TITLE ☐ Delete TITLE Addition SUSAN B. POWELL NAME NAME 6334 PINE MEADON WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRANEWION FL 34202 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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-7IP

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.

1/26/01