2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P93000031910 1. Entity Name MCCUMBER GROUP, INC. -25-2001 90074 050 ***150.00 Principal Place of Business Mailing Address 166 HWY. A1A N. 166 HWY A1A NORTH 200 E PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 HS บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3024423 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bavon L. WALTERS, MICHAEL A ress (P.O. Box Number is Not Acceptable) 50 NORTH LAURA ST. **SUITE 2200** 101 JACKSONVILLE FL 32202 Zip Code **3208**2 Vedka 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. Baron L. Bartlett 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 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 TITLE ☐ Delete TITLE Change Addition MCCUMBER, GARY M NAME NAME 166 HWY A1A NORTH STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MCCUMBER, C. LACY NAME 166 HWY A1A NORTH STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-ZIP CITY-ST-ZIP McCamber, Breada 5. 164 Hey AIA North TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Ponte Vedra Beach FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

savy M. McCumba