2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000038672 May 09, 2000 8:00 am **Secretary of State** UP NEXT, INC. 05-09-2000 90139 042 ***150.00 Mailing Address Principal Place of Business 153 PHILLIPPI SHORES DR 153 PHILLIPPI SHORES DR SARASOTA FL 34231 SARASOTA FL 34222-2806 2. Principal Place of Business 3. Mailing Address 7th Street Court East 7th Street Court East Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0471844 FL ELLENTON ELLENTON Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 34222 342.2.2 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (SAME) WILSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 153 PHILLIPPI SHORES DR 4718 7th Street Court East SARASOTA FL 34231 City ELLENTON, 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) DATE 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. ☐ Addition ☐ Change TITLE Delete TITLE WILSON, JOHN NAME NAME 4718 74L Street Court East STREET ADDRESS STREET ADDRESS 153 PHILLIPPI SHORES DR CITY-ST-ZIP CITY-ST-ZIP SARASOTE FL ELLENTON, FL 34222 ☐ Change Addition TITLE ☐ Delete TITLE NAME WILSON, A M NAME 4718 7th Street C STREET ADDRESS 153 PHILLIPPI SHORES DR STREET ADDRESS ELLENTON, FL 34222 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

John S Wilson 4/24/00