2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am g Secretary of State DOCUMENT # P93000058056 1. Entity Name SUPER SPEEDY, INC. 05-28-2002 91726 023 ***150.00 Principal Place of Business Mailing Address 2441 OAK DRIVE 2441 OAK DRIVE DV14U470 LONGWOOD FL 32779 LONGWOOD FL 32779 US 2. Principal Place of Business 3. Mailing Address 9436 american Gagles Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3207927 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANIS, BRENDA D. Box Number is Not Acceptable) Ner ICAN (Agle Way 2250 WESTWOOD DRIVE LONGWOOD FL 32779 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME MANIS, BRENDA NAME STREET ADDRESS 2250 WESTWOOD DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME Manis, everette NAME STREET ADDRESS 2250 WESTWOOD DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD_FL.32779 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME BOWMAR, WILLIAM D III STREET ADDRESS 2441 OAK DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BOWMAR, C D NAME STREET ADDRESS 2441 OAK DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

CR2E034 (9/01)