FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # P93000061479 1. Entity Name FLORIDA FERNS, INC. 01-10-2001 90003 043 ***150.00 Mailing Address Principal Place of Business 6450 HICKORY TREE RD 6450 HICKORY TREE RD ST. CLOUD FL 34772 670709 ST CLOUD FL 34772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Ant #. etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3203710 Not Applicable \$8.75 Additional Ζiρ Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOEKMAN, EVLEYN Street Address (P.O. Box Number is Not Acceptable) 4053 13TH ST. ST CLOUD FL 34769 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. (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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition Change ☐ Delete TITLE TITLE NAME SHIRAH, JOSEPH B NAME STREET ADDRESS 6450 HICKORY TREE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST CLOUD FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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.

Anna (1)

SIGNATURE:

B. SHIRAH

06/01

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