2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P93000062073 BENNETT BROTHERS INVESTMENTS, INC. 01-30-2001 90108 018 ***150.00 Mailing Address Principal Place of Business 112 E. 3RD CT. P.O. BOX 2422 PANAMA CITY FL 32402 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3203030 Not Applicable Zip 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 Name BENNETT, DERRICK Street Address (P.O. Box Number is Not Acceptable) 112 E. 3RD CT. PANAMA CITY FL 32401 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. 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. ☐ Change ☐ Addition TITLE ☐ Delete BENNETT, NEEL NAME STREET ADDRESS STREET ADDRESS 15606 W. HIGHWAY 98A CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL ☐ Delete Change ☐ Addition TITLE NAME BENNETT, DERRICK NAME STREET ADDRESS STREET ADDRESS 112 E. 3RD COURT CITY-ST-ZIP CITY-ST-7IE PANAMA CITY FL ☐ Change ☐ Addition TITLE Delete TITLE NAME BENNETT, MIKE NAME STREET ADDRESS STREET ADDRESS 15606 W. HIGHWAY 98A CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE . ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition TITLE ☐ 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 empe-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR