FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 15, 2002 8:00 am Secretary of State P93000077770 DOCUMENT # 1. Entity Name 05-15-2002 90007 008 ***150.00 THE FOUNDRY, INC. Principal Place of Business Mailing Address 1384 N. NOVA RD. 1384 N. NOVA RD. DAYTONA BCH FL 32117 DAYTONA BCH FL 32117 2. Principal Place of Business 3. Mailing Address 1000 S. PENINGULA DRIVE DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3215994 DAYTONA Not Applicable \$8.75 Additional 5. Certificate of Status Desired П U521 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARTY, CLARISE A OX Number is Not Acceptable 1000 S PENINSULA DRIVE DAYTONA BCH FL 32118 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State <u>\$11.</u> OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition HARTY, CLARISE A NAME NAME 1000 S PENISULA DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARTY, WILLIAM H NAME NAME 1000 S PENINSULA DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Change ☐ Delete TITLE ☐ Addition LOWELL TURCOTTE, JR. OWELL TURCOTTE NAME NAME ------630 MAGNOLIA AVE 172 CARIB DRIVE ORMOND BEACH, FLORIDA 32176 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-ZIP CITY-ST-ZIP ☐ 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 ADORESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Williams H; Horty ED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

4/25/2007 386 257-5020 Date Daytime Phone #

Change

☐ Addition