2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P93000081470 1. Entity Name P & F, INC. 04-25-2001 90117 048 ***150.00 Principal Place of Business Mailing Address 3164 RED BUD LANE 3164 RED BUD LANE MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3216382 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLABAUM, DONNA J Street Address (P.O. Box Number is Not Acceptable) 3164 RED BUD LANE MARIANNA FL 32446 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 Signature, typed or printed name of registered agent and title if applicable. (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. 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 TITLE TITLE ☐ Delete NAME NAME FRENTON, STEVEN A STREET ADDRESS STREET ADDRESS 3166 RED BUD LANE CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Change Addition TITLE D □ Delete TITLE FRENTON, BOBBIE J NAME NAME STREET ADDRESS STREET ADDRESS 3166 RED BUD LANE CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 Delete Change TITLE TITLE NAME NAME PHILLABAUM, JERRY N STREET ADDRESS STREET ADDRESS 3164 RED BUD LANE CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Change ■ Addition TITLE ☐ Delete NAME NAME PHILLABAUM, DONNA J STREET ADDRESS STREET ADDRESS 3164 RED BUD LANE CITY-ST-ZIP CITY-ST-7IP MARIANNA FL 32446 ☐ 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-ZIE 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 of 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 indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of