2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOGUMENT # P 9400000 1449 Secretary of State Steve Young, Inc. 05-23-2001 90464 014 ***150.00 Principal Place of Business Mailing Address 8400 Pittman Ave 8400 Pittman Ave. Pensacola, FL 32534 Pensacola, FL 32534-3740 2. Principal Place of Business 3. Mailing Address 553637 Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 59 - 3213592 Zip Country 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 Young, Steve 8400 Pittman Avenue Street Address (P.O. Box Number is Not Acceptable) Pensacola, FL 32534 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 (NOTE legistered Agent sig: ature required when reinstating) FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 (Fee will be \$550.00 Make Check Payabi to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 2 SOFFICERS AND DIRECTORS NO SHOULD Delete Delete TITLE NAME Young, Steve STREET ADDRESS 8400 Pittman Avenue Pensacolo, FL 32534 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete 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 Change Addition ☐ Delete 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 Delete NAMÉ , x 📆 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that most the corporation or the receiver or trustee empowered to execute this report a required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR