2001 UNIFORM BUSINESS REPOR (UBR) FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P9400010309 1. Entity Name DUM, INC. 02-13-2001 90009 020 ***150.00 Principal Place of Business Mailing Address 16614 NORWOOD DR 16614 NORWOOD DR TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address BIDY VAYDERBILT DY VANDERBILT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0467511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTER CASPER, GARY 16614 NORWOOD DR **TAMPA FL 33624** VAYDERBILT 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CASPER TITLE ☐ Delete TITLE CASPER, GARY NAME NAME VAYDER BILT DR STREET ADDRESS 16614 NORWOOD DR STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

SIGNATURE AN

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR