2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P94000024729 P & M PROFESSIONAL SERVICES, INC. 03-02-2001 90080 045 ***150.00 Principal Place of Business Mailing Address 694 LINVILLE FALLS DRIVE 694 LINVILLE FALLS DRIVE WEST MELBOURNE FL 32904 UAJIUD WEST MELBOURNE FL 32904 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 65-0495027 Not Applicable Zip Country Zip Country \$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 Name TURNER, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 694 LINVILLE FALLS DRIVE W MELBOURNE FL 32904 City Zip Code 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) X Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition TURNER, RICHARD P NAME NAME STREET ADDRESS 694 LINVILLE FALLS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST MELBOURNE FL 32904 ☐ Delete TITLE Change ☐ Addition TITLE TURNER, MARIE C ΝΔΜΕ NAME STREET ADDRESS 694 LINVILLE FALLS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST MELBOURNE FL 32904 ☐ Delete ☐ Change Addition | TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I horeby certify that the information supplied with this filling of indicated on this report or supplemental report is true and ac es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director bute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation of the rece changed, or on an attachme ustee empoy ed to exe

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321-733-9420