2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000028697 May 04, 2000 8:00 am Secretary of State COLLINS GAMES OF FLORIDA, INC. 05-04-2000 90106 023 ***150.00 Principal Place of Business Mailing Address 1341 RUTHERFORD ROAD 1341 RUTHERFORD ROAD GREENVILLE SC 29609-3101 GREENVILLE SC 29609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 57-0998113 Not Applicable 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 Name QUEEN, TOMMY L Street Address (P.O. Box Number is Not Acceptable) 1024 EDISON AVE JACKSONVILLE FL 32204 570 College Street ^{City}Jacksonville zig 2244 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 DATE 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE X Change □ Addition TITLE ☐ Delete D/C COLLINS, FRED NAME NAME Collins, Fred 1341 Rutherford Road STREET ADDRESS STREET ADDRESS 1341 RUTHERFORD ROAD CITY-ST-ZIP Greenville, SC 29609 CITY-ST-7IP **GREENVILLE SC** X Addition ☐ Change X Delete TITLE Armstrong, J. Marshall 6182 N. Main Street COLLINS, FRED NAME STREET ADDRESS 1341 RUTHERFORD RD STREET ADDRESS Columbia, SC__29203 CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29609** X Addition ☐ Change ☐ Delete TITLE Tzouvelekas, James G. 1341 Rutherford Road NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Greenville, SC 29609 ☐ Addition Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition 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-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date