2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P94000040793 1. Entity Name JOSEPH L HOBSON ENTERPRISES, INC. 04-05-2001 90433 009 ***150 00 Principal Place of Business Mailing Address 5090 SILLETTE AVE. 5090 CINETTE AVE North Port Fl, 34286 NORTH-FORT FL 34286 C11042392 2. Principal Place of Business 14+h ST.W 5627 - A Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BR ADENTON 4. FEI Number Applied For 65-0498884 ADENTON FL Not Applicable \$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 JOSEPH HOBSON, JOSEPH L. Street Address (P.O. Box Number is Not Acceptable) 5090 CILLETTE AVE NORTH PORT FL 34286 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. Joseph L. Hobson 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT Change TITLE TITLE HOBSON, JOSEPH L NAME NAME HOBSON, JOSEPH L. 5090 CILLETTE AVENUE 716 Alst St.W. Bradenton, FL 34205 HOBSON, JOSEFINA C. STREET ADDRESS STREET ADDRESS NORTH PORT FL 34286 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME 716 21st ST. W. STREET ADDRESS STREET ADDRESS Bradenton FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change □ Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Daytime Phone #