2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State **DOCUMENT #** P94000089738 1. Entity Name REBECCA HOUSE CANTRELL, INCORPORATED 05-13-2002 90133 012 ***150.00 Principal Place of Business Mailing Address 1203 CHEETAH TR 1203 CHEETAH TR WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3279860 Not Applicable Country 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 CANTRELL, REBECCA H Street Address (P.O. Box Number is Not Acceptable) 1203 CHEETAH TR DE WINTER SPRINGS FL 32708 F 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition CANTRELL, REBECCA H NAME STREET ADDRESS 1203 CHEETAH TR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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