2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

with anyadolyess, with

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARR

(850) N73-9191

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P94000093918 EMERALD PUBLICATIONS INC. 04-19-2001 90010 046 ***150.00 Principal Place of Business Mailing Address 1720 GULF SMORES PARKWAY P.O. BOX 3967-GULF SHORES AL 36542 GULF SHORES At 36547 US HS 2. Principal Place of Business 3. Mailing Address 1095 E. Nine Mile Rd Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3284928 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32514 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURCHELL, TIM Street Address (P.O. Box Number is Not Acceptable) 205 E. ZARAGOZA STREET PENSACOLA FL 32501 N. Palafox ST Zip Code 3*2505* 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 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 OFFICERS AND DIRECTORS 11. 12. President Delete Change ☐ Addition TITLE TITLE NAME MARR, JOHN W NAME MARR, John W. 1679 Kinsail 389 CLUBHOUSE DRIVE, CC-4 STREET ADDRESS STREET ADDRESS **GULF SHORES AL 36542** CITY-ST-ZIP CITY-ST-ZIP Cantonment, FL 32533 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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