## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000012278 May 18, 2000 8:00 am Secretary of State BOFUS MARKETING ASSOCIATES, INC 05-18-2000 90327 030 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX-109- 72 8 166 ULYSSES TR. FLAGLER BEACH FL 32136 0189 PALM COAST FL 32164 # BUNNELL FL 30110 2. Principal Place of Business 3. Mailing Address .O.Box728 Pine Plaza - 1565 HW100E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State 59-3300226 Not Applicable \$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 Jones JONES, CAROLINE D 166 ULYSSES TR. PALM COAST FL 32136 2110 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. JONES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 PTSD TITLE Change ☐ Addition TITLE ☐ Delete JONES, CAROLINE D ΝΔΜΕ NAME 1010 W. Moody Ave / 108 728 STREET ADDRESS 166 ULYSSES TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL TITLE ☐ Delete JONES, JAMES NAME 1010 W. Moody Blud / POB 728 STREET ADDRESS 166 ULYSSES TR STREET ADDRESS CITY-ST-ZIP PALM COAST FL CITY-ST-7/P ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED ME OF SIGNING OFFICER OR DIRECTOR