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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 03, 2001 8:00 am DOCUMENT # P95000014320 **Secretary of State** BURTCH BUSINESS VENTURES, INC. 05-03-2001 90974 008 ***150.00 Principal Place of Business Mailing Address 599 RANDOM TER. 599 RANDOM TER. 107 107 C0059619 LAKE MARY FL 32746 LAKE MARY FL 32746 US HS 2. Principal Place of Business 3. Mailing Address 767 SILVERCLIUD 767 SILVERCLOUD CIR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #10 City & State City & State 4. FEI Number 59-3302573 Applied For AKE MARY ake mary Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32746 ひく Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNETA D. BURTCH BURTCH, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 459 HAMPTON CREST CIR 107 **HEATHROW FL 32746** 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 **\$5.00** May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Addition BURTCH, KENNETH A. BURTCH, KENNETH A NAME NAME 767 SILVERCLOSO CIR #101 599 RANDOM TER. STREET ADDRESS STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP VSD TITLE Change . TITLE ☐ Delete BURTCH, NANCIE C BURTCH, NANCIE C NAME NAME 767-5160ECCLOUD Cin #101-599 - RANDOM-TER. -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP LAKE MARY PL 32746 TITLE □ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

BURRA