FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am secretary of State DOCUMENT # P95000029974 1. Entity Name 05-16-2001 90363 010 ***150.00 BRYANT WILSON, INC. Principal Place of Business Mailing Address 3600 HAMLET DR. 3600 HAMLET DR. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0578705 Not Applicable Zip 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 WILSON, ROGER B Street Address (P.O. Box Number is Not Acceptable) 3600 HAMLET DR. **DELRAY BEACH FL 33445** Zip Code City 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 DATE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. . Change ☐ Addition TITLE ☐ Delete TITLE NAME WILSON, ROGER B NAME STREET ADDRESS 48 MISTY MEADOW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33462** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS 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-ZIP CITY-ST-ZIP Delete TITLE Change TITLE ☐ 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

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 SIGNATURE:

AHachmen Dear Department of State, #19500029974 Please please do not charge me the late Fee There was an administrative oversight on my part and I am sincerely sorry for being a few days late I have never been late before and will never again. I have a small business and the late fee will really hurt! Please Forgive me Bryant Wilan