2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P95000050602 1. Entity Name FOXPOINT LEASING & FINANCIAL, INC. 04-19-2001 90074 030 ***150 00 Principal Place of Business Mailing Address 10 CENTRAL PKWY 10 CENTRAL PKWY STE 315 STE 315 STUART FL 34994 STUART FL 34994 US US 2. Principal Place of Business 3. Mailing Address OCENTRAL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0590454 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GADDIS, HERBERT C Tress (P.O. Box Number is Not Acceptable) 10 CENTRAL PKWY **STE 315** STUART FL 34994 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. CEOD ☐ Addition TITLE ☐ Delete GADDIS, HERBERT C NAME 789 S. FEDERAL HWY., STE. 306 STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP ENSEN BEACH, FI TITLE TITLE Delete GADDIS, UNA A NAME NAME STREET ADDRESS 789 S. FEDERAL HWY., STE. 306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE Addition TITLE ☐ Delete HEDGES, LOIS M NAME NAME STREET ADDRESS STREET ADDRESS 10 CENTRAL PKWY STE 315 JENSEN BEACH, FL 34 CITY-ST-ZIP CITY-ST-2IP STUART FL 34994 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change 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 changed, or on an attachment with an address with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE SURVEY STATES

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

3/16/01 561-286-5560

☐ Change

Addition