FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-24-2002 91332 022 ***158.75

DOCUMENT # P02000055055

1. Entity Name
Southeast Mushroom, Inc.

DO NOT WRITE IN THIS SPACE

93023

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2. Principal Place of Business	3. Mailing Address
12328 NW SR 45	12328 NW SR 45
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: High Springs Fl.	City & State: High Springs Fl.
Zip: 32643 Country: U.S.	Zip: 32643 Country: U.S.

4. FEI Number: 59-3333 840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Arthur M. Shiver

Street Address (P.O. Box Number is Not Acceptable): 12328 NW SR 45

City: High Springs FL Zip Code: 32643

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: Hugh E. Shiver Arthur M Shiver President DATE: 6-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Arthur M. Shiver STREET ADDRESS: 12328 NW SR 45 CITY-ST-ZIP: High Springs Fl. 32643	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary/Treasurer NAME: Renee D. Shiver STREET ADDRESS: 12328 NW SR 45 CITY-ST-ZIP: High Springs, Fl. 32643	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President NAME: Hugh Shiver STREET ADDRESS: 12314 NW SR 45 CITY-ST-ZIP: High Springs, Fl. 32643	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President NAME: Christine Shiver STREET ADDRESS: 12314 NW SR 45 CITY-ST-ZIP: High Springs, Fl. 32643	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur M. Shiver Arthur M. Shiver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #