2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000072324 1. Entity Name PALADIN INVESTMENTS, INC. 04-27-2001 90401 021 ***150.00 Mailing Address Principal Place of Business P.O. BOX 551272 P.O. BOX 551272 JACKSONVILLE FL 32255 JACKSONVILLE FL 32255 3. Mailing Address 2. Principal Place of Business 118 West Adams St. West Adams St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3340370 Jacksonville Not Applicable \$8.75 Additional 32202 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent W. Buck, Esq. BUCK, RICHARD W ESQ. Street Address (P.O. Box Number is Not Acceptable) **50 NORTH LAURA STREET SUITE 3100** Suite 500 JACKSONVILLE FL 32202 Jacksonville 2202 8. The above named entity submission statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Richard W. Buck, Esq. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition DP TITLE ☐ Delete TITLE NAME BUCK, RICHARD W NAME STREET ADDRESS 10109 LAKE LAMAR COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Change ■ Addition ☐ Delete TITLE NAME NAME **BUCK, CAROL ANNE** STREET ADDRESS STREET ADDRESS 10109 LAKE LAMAR COURT --- • CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE 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 agent ess, with all other like empowered.

SIGNATURE: