## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am Secretary of State DOCUMENT # P95000077065 1. Entity Name CLEVELAND AMOKO, INC. 05-16-2002 90086 012 \*\*\*150.00 Principal Place of Business Mailing Address 1524 E BUSINESS HIGHWAY 98 3850 HOLCOMB BRIDGE ROAD 200998 PANAMA CITY FL 32401 SUITE 255 NORCROSS GA 30092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3336040 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 Name AMIS, NANCY R Street Address (P.O. Box Number is Not Acceptable) 1524 E BUSINESS HIGHWAY 98 PANAMA CITY FL 32401 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) AMIS, NANCY R NAME STREET ADDRESS 1524 E BUSINESS HIGHWAY 98 STREET ADDRESS CITY-ST-7IE PANAMA CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME AMIS. ROBERT W JR NAME STREET ADDRESS 1524 E BUSINESS HIGHWAY 98 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME BARRON, JEFF RUSSELL NAME 1524 E. BUSINESS HWY 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS 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 of 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 attackment with an address, with all other like empowered.

NANCY R. AMIS

SIGNATURE:

Daytime Phone #

(770) 447-9490

2/11/02