2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State P95000077395 DOCUMENT # 05-06-2002 90174 023 ***150.00 ALX OF FT. WALTON BEACH, FLORIDA, INC. Mailing Address Principal Place of Business 11 NE YACHT CLUB DR 11 NE YACHT CLUB DR FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3404652 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _ CAMPBELL, JAMES C Street Address (P.O. Box Number is Not Acceptable) 909 MAR WALT DR **SUITE 1024** Zip Code FT WALTON BEACH FL 32547 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. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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. CR2E034 (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TRILIEGI, BRUNO NAME STREET ADDRESS STREET ADDRESS 11 NE YACHT CLUB DR CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE VST NAME TRILIEGI, LUANN NAME STREET ADDRESS 11 NE YACHT CLUB DR STREET ADDRESS CITY_ST-7IP FORT WALTON BEACH FL 32548 CITY-5.T-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete NAME N.ÁME STREET ADDRESS FREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Change ☐ Addition TITLE ITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 troe 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 truffee explosured 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

SIGNATURE:

FILED