2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P95000081690 L.H. CORPORATION OF BRADENTON 04-09-2001 90014 019 ***150.00 Principal Place of Business Mailing Address 7465 MANATEE AVENUE WEST 2619 51ST STREET, WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business よし19 ゴバ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0629117 gradento Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34209 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAWKINS, JOHN D Street Address (P.O. Box Number is Not Acceptable) 1023 MANATEE AVENUE WEST **BRADENTONA FL 34205** Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE WHATLEY, BOBBY N NAME NAME STREET ADDRESS 2619 51ST STREET WEST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTONA FL 34209** ☐ Addition Change ☐ Delete TITLE NAME WHATLEY, MARILYN NAME STREET ADDRESS 2619 51ST STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTONA FL 34209** X Change- ~□ Addition ↑ 🗔 Delete TITLE -TITLE -NAME SCOTT, LAURA H NAME 30# St. W STREET ADDRESS STREET ADDRESS 4001-51ST DR W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 address, with all other like empowered.

V fairly Whatley Marilyn Whatley 4/6/01
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OX DIRECTOR

SIGNATURE: `