2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P95000091005 COLEMAN HOLDINGS, INC. 05-03-2000 90026 030 ***150.00 Principal Place of Business Mailing Address 5312 MARINA DRIVE 5312 MARINA DRIVE HOLMES BEACH FL 34217-1709 HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address 2910 62ND ST 2910 62ND ST W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0628684 BRADENTON BRADENTON, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 1011 MANATEL 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAM C COLEMAN COLEMAN, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 5312 MARINA DRIVE 2910 62ND ST HOLMES BEACH FL 34217 Zip Code **3** 4*ス*1 フ 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. COLEMAN 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, 2000 Fee will be \$550.00 -Tax filing requirement and elects to do so. Trust Fünd Contribution. ----Added to Fees --(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITI F ☐ Delete COLEMAN, WILLIAM C. NAME 2910 62ND ST. W. 5312 MARINA DRIVE STREET ADDRESS STREET ADDRESS HOLMES BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: WILLIAM & COLEMAN & WELLIAM COLEMAN COLEMAN COLEMAN OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

941-795-4067

Daytime Phone #