2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am DOCUMENT # P95000095375 1. Entity Name Secretary of State RUSS GRADDICK ENTERPRISES, INC. 01-12-2000 90038 031 ***150.00 Principal Place of Business Mailing Address 2411 MERCER DRIVE 2411 MERCER DRIVE COCOA FL 32926-5616 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3347110 Not Applicable Zip Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name MARKEY, KEVIN P ESQ. Street Address (P.O. Box Number is Not Acceptable) 410 WEST MERRITT AVE. **MERRITT ISLAND FL 32953** Zip Code City 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 Fiorida. **SIGNATURE** (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Detete TITLE TITLE GRADDICK, RUSSELL H NAME NAME 2411 MERCER DRIVE STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TIT! F ☐ Delete TITLE GRADDICK, JACQUELINE R NAME NAME 2411 MERCER DRIVE STREET ADDRESS STREET ADDRESS **COCOA FL 32926** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITL F GRADDICK, JACQUELINE NAME STREET ADDRESS 2411 MERCER DR. STREET ADDRESS CITY-ST-7IP **COCOA FL 32926** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 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.

SIGNATURE:

| SIGNATURE | Date | Daytime Phone #

CITY-ST-ZIP

CITY-ST-ZIP