2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9600004304 BOOMERANG PINS, INC. 04-30-2001 90108 006 ***150.00 Principal Place of Business Mailing Address 303 EDGEWATER BRANCH DRIVE 303 EDGEWATER BRANCH DRIVE JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 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 59-3353651 Not Applicable Zip Country Zip 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 MCCLURE, HAL C Street Address (P.O. Box Number is Not Acceptable) 303 EDGEWATER BRANCH DRIVE JACKSONVILLE FL 32259 City Zip Code 5 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE Change NAME HAL MCCLURE NAME STREET ADDRESS STREET ADDRESS 303 EDGEWATER BRANCH DRIVE CiTY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 **VP** Addition TITLE ☐ Delete TITLE Change NAME KERRY MCCLURE NAME STREET ADDRESS 303 EDGEWATER BRANCH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST- AP JACKSONVILLE FL 32259 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET AGDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TiTI.E NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

13. I horeby 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:

STREET ADDRESS

CIEY-ST-ZIP

Kerry McClure

Herry Mca

4-23

1 901-287-0337

CR2E034 (10/00)

Daytime Phone #