FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 16, 2002 8:00 am DOCUMENT # - P96000015561 Secrétary of State 1. Entity Name 07-16-2002 90346 031 ***150.00 C & W INVESTMENTS, INC. Principal Place of Business Mailing Address 1025 HYDE PARK CIRCLE 1025 HYDE PARK CIRCLE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Busines Le K' Circle Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 025 Applied For City & State 4. FEI Number 59-3368258 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASHBURN, ERIC'S Street Address (P.O. Box Number is Not Acceptable) 102 E. MAPLE STREET WINTER GARDEN FL 34787 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund 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. ☐ Addition TITLE Change TITLE ☐ Delete CRISP. PAUL D NAME NAME P.O. BOX 188 N/A STREET ADDRESS STREET ADDRESS **NASHVILLE GA 31639-0188** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE WILLIAMS, J. RALPH JR NAME NAME 1025 HYDE PARK CIRCLE STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME 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:

STREET ADDRESS

CITY-ST-ZIP

CONTRACTOR OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7-3-02 40

fo7-877 6318

Ottachment # P96000015561 119568 7-3.02 Wester Carden H. 34787 To Whom it MAY CONCERN: Ob per your instructions I am requesting a waiver of the Pensety charge, For the following reasons. 1. I dednot receive any notice or statement or anything from you until today (7-3-02.) 2. If I would have gotten the statement it would have been paid immalately as I lest always do et you was note, I paid last always do est you statement. 5. This hypered 2013 you ap, and I wint ahead and fail the penalty. But this is not fair, and a don't want to pay I pay au of our Biels on or before due date.

Are will continue to do So. I have this explains it to you clear enough as d told it to you represent the phone Please accept the from and payment of Also for 2007, UBR. Check attended) Shork you Vory much Day w somestiment the P.S. any gustims, Please case me at 407 8776318