2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 11, 2001 08:00 AM DOCUMENT # P9600023470 1. Entity Name **Secretary of State** AMBAG CORPORATION Principal Place of Business Mailing Address 12395 BELCHER ROAD 12395 BELCHER ROAD SUITE 350 SUITE 350 LARGO FL LARGO FL33773 33773 US 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 59-3385796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOOVER ROGER 12395 BELCHER ROAD SUITE 350 Street Address (P.O. Box Number is Not Acceptable) LARGO FL337732 US Zip Code 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. 04/11/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition HOOVER MAME JEAN C. NAME STREET ADDRESS 2523 CHOCTAW TRACE STREET ADDRESS CITY-ST-ZIP MUREREESBORO TN 37129 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME HOOVER FRANK E. NAME STREET ADDRESS 2523 CHOCTAW TRACE STREET ADDRESS CITY-ST-ZIP MURFREESBORO TN 37129 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HOOVER GREGORY A NAME STREET ADDRESS 12395 BELCHER ROAD, STE 350 STREET ADDRESS CITY-ST-ZIP LARGO 33773 CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition HOOVER NAME STREET ADDRESS 12395 BELCHER ROAD, STE 350 STREET ADDRESS CITY-ST-ZIP LARGO 33773 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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. Roger A. Hoover SIGNATURE: _ 04/11/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)