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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P96000027757 1. Entity Name 02-07-2002 90292 001 ***150.00 SIGMA FINANCIAL CAPITAL II, INC. 02-07-2002 90292 002 *****8.75 Principal Place of Business Mailing Address 5312 SPRING HILL DRIVE 5132 SPRING HILL DRIVE 12733 SPRING HILL FL 34606 SPRING HILL FL 34606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3380174 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RYDELL JEROME S Street Address (P.O. Box Number is Not Acceptable) 5063 CUMBERLAND LN SPRING HILL FL 34607 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 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE PTD ☐ Delete TITLE NAME NAME RYDELL, JEROME \$ STREET ADDRESS 5312 SPRING HILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 Change Addition ☐ Delete TITLE TITLE NAME NAME ELLISON, DONNA STREET ADDRESS STREET ADDRESS 5312 SPRING HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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.

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