FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # P96000031375 Secretary of State BULLDOG ENVIRONMENTAL, INC. 05-01-2001 90107 031 ***150.00 Principal Place of Business Mailing Address 1050 S.E. 6TH ST. 1050 S.E. 6TH ST. LAKE BUTLER FL 32054 LAKE BUTLER FL 32054 A0060820 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. FE! Number Applied For 59-3379465 Not Applicable Zip Country Zin 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 GAFFORD, FRANK M Street Address (P.O. Box Number is Not Acceptable) 228 E. DUVAL ST. LAKE CITY FL 32055 City 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. SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE ☐ Change Addition PRITCHETT, MARVIN H NAME STREET ADDRESS 1050 SE 6TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE BUTLER FL ☐ Change TITLE ☐ Delete TITLE Addition PRITCHETT, JON W NAME STREET ADDRES 4106 SW 96TH DRIVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRITCHETT, PHILLIP W NAME NAME 1050 SE 6TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAKE BUTLER FL Addition TITLE ☐ Change ☐ Delete TITLE WILSON, ROBIN P NAME NAME STREET ADDRESS 185 N W 4TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE BUTLER FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

904-496-2630

Daytime Phone #