2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P96000048997** IKE DUREN, INC. 02-01-2001 90085 039 ***150.00 Principal Place of Business Mailing Address 111 LEDGON LAKE DR. P.O. BOX-13901-PC BEACH FL 92417 32408 MEXICO DEACH FL 32410 2. Principal Place of Business 3. Mailing Address P.O. Box 9595 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE O4City & State Applied For 4. FEI Number 59-3453337 Not Applicable \$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 DUREN, IKE Street Address (P.O. Box Number is Not Acceptable) 111 LEDGON LAKE DR. PANAMA CITY BEACH FL 32417 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 15 \$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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change TITLE Addition TITLE ☐ Delete ISAAC K. DUREN NAME NAME DUREN, ISAAC K Dreive 122 LEDEND LAKES STREET ADDRESS STREET ADDRESS 111 LEDGON LAKE DR. CITY-ST-ZIP CiTY-ST-ZIP PC Breath . R PC BEACH FL 32417 Addition ☐ Delete ☐ Change TITLE TITLE Alisa E. DUREN NAME NAME 122 Legeno Lakes Deive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 it 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:

SIGNATURE AND TYPED OF PRINTED NAME OF

01/26/01

850-832-0949

Daytime Phone