2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P96000052491** TILTON ENTERPRISES, INC. 04-22-2000 90016 009 ***150.00 Mailing Address Principal Place of Business 13604 N.E. WALDO ROAD 13604 N.E. WALDO ROAD GAINESVILLE FL 32609-4500 GAINESVILLE FL 32609 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3383373 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - . . 6. Name and Address of Current Registered Agent Name RUSSELL, JAMES T Street Address (P.O. Box Number is Not Acceptable) 13604 NE WALDO ROAD **GAINESVILLE FL 32609** 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 DATE 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 Tax filing requirement and elects to do so After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. Change X Addition Delete TITLE Russell, Nannette S STRICKLAND, CURTIS W NAME NAME 3310 Southwest 266th ST. STREET ADDRESS STREET ADDRESS 4400 N.W. 39TH AVE., APT. 11 CITY-ST-ZIP CITY-ST-ZIP Newberry, FL 32669 GAINESVILLE FL 32606 P/S/T X Change ☐ Addition ☐ Delete TITLE TITLE Russell, James T. RUSSELL, JAMES T. NAME NAME STREET ADDRESS 3310 Southwest 266th ST. STREET ADDRESS 3310 SOUTHWEST 266TH ST. Newberry, FL 32669 CITY-ST-ZIP CITY-ST-ZIP NEWBERRY FL ☐ Addition ☐ Delete 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 CJTY-ST-7JP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition

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

TITLE NAME

☐ Delete

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

James T. Russell 04/17/00 (352)