2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # P9600059913 1. Entity Name **Secretary of State** PATON CONSULTING, INC. Principal Place of Business Mailing Address 18 UTILITY DR PO BOX 354425 PALM COAST FL PALM COAST FL32137 32135 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 59-3404176 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 Name PATON DANIEL I DR PATON DANIEL 18 UTILITY DR Street Address (P.O. Box Number is Not Acceptable) 18 UTILITY DR PALM COAST FL32137 US City Zip Code PALM COAST 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. DANIEL I. PATON SR 04/27/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME PATON GYNN NAME PATON GWYNN 398 TRADEWINDS LANE STREET ADDRESS STREET ADDRESS 398 TRADEWINDS LANE ST AUGUSTINE CITY-ST-ZIP FL 32084 CITY-ST-ZIP ST AUGUSTINE 32084 ☐ Delete D TITLE X Change NAME PATON DANIEL I SR NAME PATON DANIEL I SR STREET ADDRESS 398 TRADEWINDS LANE STREET ADDRESS 398 TRADEWINDS LANE CITY-ST-ZIP ST AUGUSTINE FL. 32084 CITY-ST-ZIP ST AUGUSTINE FL32084 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/27/2001

Date

Daytime Phone #

SIGNATURE: __DANIEL I. PATON SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR