2000 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2000 8:00 am Secretary of State DOCUMENT # P96000081934 1. Entity Name PEA RIDGE BACKYARD SHEDS, INC. 06-05-2000 90032 004 ***150.00 Principal Place of Business Mailing Address PO BOX 15268 5593 HWY 90 PENSACOLA FL \$2514-0260 PEA RIDGE FL 32571 4605 Tradewinds Circle 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3401884 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ٠ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHIMMEL, DEBBIE 4605 Tradewinds Circle Street Address (P.O. Box Number is Not Acceptable) 327-LORETTA-STREET 325/4 PENSACOLA FL 32505 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) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE DEBBIE SCHIMMEL NAME NAME 4605 Tradewinds Circl 327 LORETTA-ST STREET ADDRESS STREET ADDRESS 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Addition Delete TITLE DEBBIE SCHIMMEL 4605 Tradewinds Circle NAME NAME 327 LORETTA ST-STREET ADDRESS STREET ADDRESS 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Change ☐ Addition NAME DEBBIE SCHIMMEL 4605 Tradewinds Circle STREET ADDRESS 927 LORETTA ST STREET ADDRESS 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 92505~ Change ☐ 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 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 exclute 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.

G OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

5-25-00

850-484-4951

Daytime Phone #

FILED