2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM P96000081961 DOCUMENT # 1. Entity Name **Secretary of State** J. DAVID KERCE, P.A. Principal Place of Business Mailing Address 138 LIVE OAK AVE. P.O. BOX 470 DAYTONA BEACH FL DAYTONA BEACH FL32115 32118 2. Principal Place of Business 3. Mailing Address 210 S. BEACH STREET P.O. BOX 470 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 200B City & State City & State 4. FEI Number Applied For DAYTONA BEACH FL DAYTONA BEACH 59-3437700 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32115 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERCE J. DAVID KERCE 138 LIVE OAK AVE Street Address (P.O. Box Number is Not Acceptable) 210 S. BEACH STREET DAYTONA BEACH FLSUITE 200B 32114 City Zip Code DAYTONA BEACH 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 09/12/2001 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 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$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 ☐ Delete TITLE CR2E034 (11/00) X Change ☐ Addition MAME KERCE DAVID J. NAME KERCE DAVID J. P.O. BOX 470-467 S RIDGEWOOD STREET ADDRESS STREET ADDRESS P.O. BOX 470- 210 S. BEACH STREET STE 200B CITY-ST-ZIP DAYTONA BEACH \mathbf{FL} CITY-ST-ZIP 32115 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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. SIGNATURE: __J. David Kerce 09/12/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR