2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P97000025532 1. Entity Name 3 H INVESTMENTS CORPORATION 4-09-2001 90083 037 ***150.00 Principal Place of Business Mailing Address 4510 SYLVAN RAMBLE ST 4510 SYLVAN RAMBLE ST **TAMPA FL 33609** TAMPA FL 33609 D0033064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3445721 Not Applicable Zip Country Zip Country \$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 Name HUNTER, PAUL L 3711-A W. GRACE STREET **TAMPA FL 33607** 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 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, 2001 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. Hunter, Paul L Addition TITLE ☐ Delete HUNTER, PAUL L NAME 4510 Sylvan Ramble St. 3711-A W GRACE ST STREET ADDRESS

11. TITLE NAME STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP CITY-ST-ZIP Hunter, Samuel R. JR. ☐ Delete TITI F HUNTER, SAMUEL R JR. NAME NAME 4510 Sylvan Ramble St. 3711-A W GRACE ST STREET ADDRESS STREET ADDRESS Tampa FL 33609 **TAMPA FL 33607** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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-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

PLL LLUST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 813-637-9696 x10

Daytime Phor

Daytime Phone #