2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P97000034790 1. Entity Name FIRST BERMUDA CORPORATION, INC. 04-23-2001 90207 036 ***150.00 Mailing Address Principal Place of Business 449 TOTH AVENUE WEST 6721-VIRGINIA CROSSING PALMETTO FL 34221 UINVERSITY PARK FL 34201 3. Mailing Address 5450 De Soto Koad Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 65-0762171 Applied For 4. FEI Number SARASOTA Floridu Not Applicable 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 - --HARRISON, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVENUE WEST **BRADENTON FL 34205** Zip Code City FL 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 DATE (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 After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD Change ☐ Addition ☐ Delete TITLE TITLE APPEL, STEVEN M 5450 De Soto Road APPEL, STEVEN M NAME STREET ADDRESS STREET ADDRESS 6721 VIRGINIA CROSSING SARASOTA, Florida 34235 CITY-ST-ZIP CITY-ST-ZIP UNIVERSITY PARK FL 34201 ☐ Addition DT ☐ Delete TITLE APPEL , CHRISTINE APPEL, CHRISTINE NAME NAME 5450 DeSoto Road 6721 VIRGINIA CROSSING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP UNIVERSITY PARK FL 34201 SARASOTA, Florida 3423S Change ☐ Addition ☐ Delete TITI F TITLE APPEL BARBARA B NAME NAME 1800 BEN FRANKLIN DR #808B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Addition ☐ Delete TITLE ☐ Change 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 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

D NAME Of SIGNING OFFICER OR DIRECTOR