2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2002 8:00 am Secretary of State DOCUMENT # P97000052222 1. Entity Name THE AMERICAN OPEN, INC. 01-21-2002 90011 046 ***150 00 Principal Place of Business Mailing Address 4581 NW 6TH ST P.O. BOX 15267 STE H. GAINESVILLE FL 32604 GAINESVILLE FL 32609 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 59-3452752 Not Applicable Zip Country 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 THORP, JIM Street Address (P.O. Box Number is Not Acceptable) 3402 NW 7 AVE. GAINESVILLE FL 32607 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition NAME JIM THORP NAME STREET ADDRESS 710 SW 117TH ST STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME RHETT LEWIS NAME STREET ADDRESS STREET ADDRESS 181 FLORADANDY RD CITY-ST-ZIP CITY-ST-7IP HAWTHORNE FL 32640 ☐ Delete TITLE ☐ Change Addition NAME NAME Kelley Thorp STREET ADDRESS 710 SW 117 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Darrell Bagby NAME STREET ADDRESS 1024 SW 76 TERR STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MARCELOUS HARRIS STREET ADDRESS 7817 NW 53RD WAY STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 approximated 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 add

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SIGNATURE:

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