2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: JACK T. CHEEK, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2001 8:00 am DOCUMENT # P97000055018 **Secretary of State** PRESTIGE MARKETING, INC. 01-24-2001 90042 017 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 1879 100 EXECUTIVE WAY #212 PONTE VEDRA BCH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3453986 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHEEK, SUSAN Street Address (P.O. Box Number is Not Acceptable) 100 EXECUTIVE WAY #212 PONTE VEDRA BCH FL 32082 City 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change ☐ Addition CR2E034 (10/00) TITLE TITLE CHEEK, JACK T III NAME NAME 100 EXECUTIVE WAY # 212 STREET ADDRESS **POST OFFICE BOX 1879** STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FLORIDA 32082 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete TITLE ☐ Change ■ Addition TITLE CHEEK, SUSAN NAME NAME 100 EXECUTIVE WAY # 212 STREET ADDRESS STREET ADDRESS POST OFFICE BOX 1879 PONTE VEDRA BEACH, FLORIDA 32082 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 Delete Change ☐ Addition TITLE TITLE NAME 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE 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.

904 543-9350