FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # P97000079930** BAY ISLANDS COFFEE COMPANY, INC. 04-30-2001 90018 044 ***150.00 Principal Place of Business Mailing Address 3270 SW 35TH BLVD 3270 SW 35TH BLVD GAINESVILLE FL 32608 GAINESVILLE FL 32608 US 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 59-3469659 Applied For Not Applicable Zip Country \$8.75 Additional Zip Certificate of Status Desired -Fee.Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILDER, STEVEN K 205 SW 75TH ST **APT 10-V** GAINESVILLE FL 32607 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 4-23-0 SIGNATURE ped 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. 12. Change CR2E034 (10/00) TITLE ☐ Delete TITLE WILDER, EMERITA C MAME NAME 7963 SW 47TH Court Gainesville FL 32608 STREET ADDRESS STREET ADDRESS 205 SW 75TH ST APT 10-V CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** Change TITLE ☐ Delete TITLE WILDER, STEVEN K NAME 7963 SW 47TH Court Gainesville FL 32608 STREET ADDRESS STREET ADDRESS 205 SW 75TH ST APT 10-V CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32607** ☐ Addition TITI F ☐ Delete TITLE 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 ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 giver like empowered.

SIGNATURE: Atom Khiller Steven K. Wilder, V.P. 4-23-01 352-372-575