FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 14, 2001 8:00 am Secretary of State DOCUMENT # **P97000083539** 1. Entity Name 05-14-2001 90035 001 ***150.00 THE FLORIDA SERVICES GROUP, INC. Principal Place of Business Mailing Address 13818 S.E. 53RD TERR. 13818 S.E. 53RD TERR. SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 3. Mailing Address 2. Principal Place of Business 1600 SE 52" Street 524 Street 1600 SE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3472374 Ocala Dcala. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired marion marion Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTILLO, PATRICK L Street Address (P.O. Box Number is Not Acceptable) 13818 S.E. 53RD TERR. SUMMERFIELD FL 34491 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 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. TITLE □ Change Addition TITLE ☐ Delete PATTILLO, PATRICK L. NAME NAME STREET ADDRESS 13818 SE 53RD TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD FL 34491 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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

Parrick L. Pattillo (Pres.) 4/29/01