| 2001 UNIFORM BUSI | NESS REPO | RT (UBR) | | Pold | | | |
|--|----------------------------|---------------------------------------|--|--------------------------------|----------------|-----|-------|
| DOCUMENT # | | SECRETA TALLAHA | FILED VIRY OF STAT SSEE, FLORI | E na | | | |
| , | | (AN) | 1 | | Į. | · . | |
| Principal Place of Business | Mailing Address | | 01001- | I PH 2:51 | • | . i | |
| 316 W SUGARLAND HWY CLEWISTON FL 33440 CLEWISTON FL 33440 | | | | | | | |
| 2. Principal Place of Business AS above | 3. Mailing Address SONE 45 | ABOVE | - (1018) 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | | | | |
| Suite, Apt. #, etc.// | Suite, Apt. #, etc.,, | " | DO NOT WRITE IN THIS SI | PACE | .} | | |
| City & State 4 11 | City & State | */ | 4. FEI Number 65-0800718 | Applied For | } \ | | |
| Zip " Country HENDRY | .Zip H | Country SA | Or Carlinate Of States Desired | 8.75 Additional ee Required |]- | | |
| 6. Name end Address of Corrent Registered Agent Name | | | 7. Name and Address of New Registered Ag | gent | } :{ | | |
| DAVIS, THOMAS J 1401 KIMDALE ST | | Street Address | (P.O. Box Number is Not Acceptable) | <u> </u> |] | | |
| , LEHIGH ACRES FL 33936 | | | | | 1 | | |
| A Charles and the Control of the Con | - | City | FL | Zip Code | | · - | |
| 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 rulims of registered against and lists if applicable. (NOTE: Registered Again signature required with this corporation is eligible to satisfy its Interngible FILE NOW!!! FEE IS \$550.00 | | | | | | | } } |
| Tax filing requirement and elects to do so. (See criteria on back) | | | | \$5.00 May Be Added to Fees | | | |
| 11. OFFICERS AND DII | RECTORS Delete | 12. | ADDITIONS/CHANGES TO OFFICERS AND E | | - [] | 1 | 11 |
| NAME MERCEDES, SUSAN STREET ADDRESS CITY-ST-2IP LABELLE FL 33935 | U Dece | NAME STREET ADDRESS CITY-ST-ZIP | , | Change 🔲 Addition | CR2E034 (5/01) | | |
| TITLE NAME STREET ADDRESS | Delete | TITLE NAME STREET ADDRESS | I | Change Addition | CR. | | |
| CITY-S1-ZIP TITLE NAME STREET ADDRESS | ☐ Delete | CITY-SI-ZIP TITLE NAME STREET ADDRESS | | Change Addition | | | |
| CITY-ST-ZIP | | CHY-ST-ZIP | | | | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | □ Delete | NAME STREET ADDRESS CITY-SI-ZIP | Ĺ | _] Change Addition | | | |
| TITLE NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREET ADDRESS | | Change Addition | | | |
| CITY-SI-ZIP TITLE | ☐ Delete | CITY-ST-ZIP TITLE | | ☐ Change ☐ Addition | | | |
| NAME STREET ADDRESS CATY-ST-ZIP | ان معرور چناپ د جمعیات | NAME STREET ADDRESS | organisation of the state of th | SP. | | 4 4 | - |
| 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 his report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an afficer or director of the ecorporation 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. | | | | | | | |
| SIGNATURE: SIGNATURE AND TOTAL OF SIGNATURE PROPERTY OF DIRECTOR D | | | | | | | |
| See | OFFICE OF | | Positi Gray Dayler | INDICTIONS OF | | | |

400004627384--9 -10/08/01--01079--011 ****150.00 ****150.00 AHachment 99797 41991000089928

September 11th, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

Dear Sirs:

After speaking to my accountant today I was advised this filing should have been returned in May. As to my knowledge I did not recieve the original notice. During that time I was recovering from a serious injury

of trauma to the head caused from a fall down 16 cement steps face first. My husband was handling office duties and was also not aware the business report was due.

Upon advise from your office I am writing this explanation and enclosing my check for \$150.00. Thank

for any consideration you may give us. Please contact me if you need anything further.

Thank Bu very much. MELLEGLED

Susan Mercedes Iggy B's Backdoor, Inc.

316 W. Sugarland wy. Clewiston, Fl. 33440

B.S. Lwould like to drop the B's Backdoors inc. out of the corporate name. Would I have to pay for author seal and further ress. Please mail nie the appropriate application.