SEP-17-01(MON) 07:24 FISCAL OFFICE 850-487-6015 P. 002

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000092730

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 SEP 19 PM 1:10

1. Entity Name FIREFLY(R) International, Inc.

1328 North Ferdon Blvd.,NO.151;Crestview,FL 32536 32536

Principal Place of Business

Mailing Address SAME AS ABOVE

1328 North FerdonBlvd,NO 151;Crestview,FL 32536

00-01 UBR

2. Principal Place of Business		3. Mailing Address	
NO.		SAME AS NO.2	
Suite, Apt. #, etc. N/A		Suite, Apt #, etc N/A	
City & State Crestview,FL 32536		City & State N/A	
Zip 32536	Country Okaloosa	Zip N/A	Country N/A

DO NOT WRITE IN THIS SPACE

4. FEI Number — XX Applied For / Not Applicable

5. Certificate of Status Desired XXX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Tom H. Eggers,Jr. 6306 Shangri-La Rd. Crestview, FL 32536	Name Tom H. Eggers, Jr. Street Address (P.O. Box Number is Not Acceptable) 6306 Shangri-La Rd Crestview, FL 32536 32536 City FL 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 Thomas H. Eggers, Jr. 18 Sept. 2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so XXXX (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/FOUNDER=(PTS) ☐ Delete Tom H. Eggers, Jr. 6306 Shangri-La Rd. Crestview, FL 32536	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000004618950--2 -10/01/01--01092--019 ****308.75 ****308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

AD

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.

SIGNATURE: Thomas H. Eggers, Jr. 18 Sept. 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #