2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90341 035 ***150.00

C0068516

DOCUMENT # P97000100502

1. Entity Name
STORE SITE, INC.

Principal Place of Business	Mailing Address
505 Ave A N.W. STE 305 Winter Haven, FL 33881	505 Ave A NW STE 305 Winter Haven, FL 33881

2. Principal Place of Business	3. Mailing Address
PO Box 1527	PO Box 1527
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33882 / Country: USA	Zip: 33882 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593480502 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
William H. Sands
505 Ave. A. NW STE 305
Winter Haven, FL 33881

7. Name and Address of New Registered Agent
Name: William H. Sands
Street Address (P.O. Box Number is Not Acceptable): 200 Ave B N.W.
City: Winter Haven, FL Zip Code: 33881

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] William H. Sands 5/1/01
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. (See criteria on back) ☐

[illegible]

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: ~~Director~~ D NAME: William H. Sands STREET ADDRESS: 505 Avenue A NW STE 305 CITY-ST-ZIP: Winter Haven, FL 33881	☑ Delete	TITLE: ~~Director~~ P/D NAME: William H Sands STREET ADDRESS: 200 Ave B NW CITY-ST-ZIP: Winter Haven, FL 33881	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] William H. Sands, President Director 5/1/01 863-287-1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #