2003 FOR PROFIT CORPORATION

SIGNATURE:

Apr 07, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P98000005774 DOCUMENT # 04-07-2003 90727 030 ***150.00 1. Entity Name TOOTHILLS, INC. Principal Place of Business Mailing Address 7424 RIDGE ROAD 7424 RIDGE ROAD SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 6210 15 TH CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0808302 Not Applicable Country A Country \$8.75-Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent BAGGULEY, ANDREW 7424 RIDGE ROAD SARASOTA FL 34238 City 8. The above named entity submits s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar w the obligations of registered age SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST i velete Change Addition TITLE" TITLE BAGGULEY, ANDREW NAME NAME 7424 RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TIT) F 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-ZIP CITY-ST-ZIP 12. I hereby certify that the informator 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 supplied ental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attachment v an address, with empowered

FILED

REPIDENT