FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am DOCUMENT # P98000026617 --**Secretary of State** SHELLEY LAKES MINE, INC. 02-20-2001 90090 042 ***150.00 Principal Place of Business Mailing Address 15166 SHELLEY LANE PO BOX 306 BALM FL 33503 BALM FL 33503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1733373 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. ---ountR JOYNER, REGINALD T 1326 JUMANA LOOP APOLLO BEACH FL 33572 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 CR2E034 (10/00) PResident Delete TITLE TITLE Toyner Reginald T. 15166 SHELLEY Lane Joyner, Reginald-T NAME NAME STREET ADDRESS STREET ADDRESS 1326 JUMANA LOOP CITY-ST-ZIP CITY-ST-7IP APOLLO BEACH FL-33503 ☐ Addition Change TITLE ☐ Delete TITLE NAME WILLIAMS, BETTY NAME STREET ADDRESS STREET ADDRESS 8512 RIVERVIEW DR CITY-ST-ZIP CITY-ST-Zip RIVERVIEW FL-33569 ☐ Addition □ Change TITLE Delete TITLE NĂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: