2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR**) P98000032577 **DOCUMENT #** 05-01-2003 90232 034 ***158.75 1. Entity Name PUMP INVESTMENTS, INC. Principal Place of Business Mailing Address 360 SOUTH WYMORE ROAD 360 SOUTH WYMORE ROAD ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3565602 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7:-Name and Address of New Registered Agent Name Morgan I. Reeser Street Address (P.O. Box Number is Not Acceptable) 814 Hammonville Road MCKEEVER, PATRICIA 360 S WYMORE RD ALTAMONTE SPRINGS FL 32714 Pompano Beach Zip Code 33060 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. I am familiar with, and accept the obligations of registered agant 04/23/03 Morgan I. Reeser SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. Addition TITLE ☐ Delete TITLE ← Change NAME REESER, DENNIS NAME Morgan I. Reeser 360 SOUTH WYMORE ROAD STREET ADDRESS STREET ADDRESS 814 Hammonville Road CITY-ST-ZIP CITY-ST-ZIF **ALTAMONTE SPRINGS FL 32714** Pompano Beach, FL 33060 ☐ Change TITLE X Delete TITLE Addition NAME MCKEEVER, PATRICIA NAME STREET ADDRESS STREET ADDRESS 360 SOUTH WYMORE ROAD CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP Addition -TITLE Delete TITLE - Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME

12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atta

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

(407)774-1336