2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P98000033574 1. Entity Name WOODEYE, INCORPORATED 01-25-2001 90009 005 ***150.00 Principal Place of Business Mailing Address 4647 MANATEE AVE W. SUITE 200 4647 MANATEE AVE W. SUITE 200 **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0828209 Not Applicable 阿尔约尔纳克尼 Zip 2000 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 4647 MANATEE AVE W, SUITE 200 **BRADENTON FL 34209** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE 1808, 75th St. NW Bradenton, FL 34209 Genange WOOD, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 3516 67TH ST CT E CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 TITLE ☐ Delete TITLE WOOD, RUTH A NAME NAME 1808 75th STNW Bradenton, FL 34209 STREET ADDRESS STREET ADDRESS 3516 67TH ST CT E CITY_ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 employeed.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(W. Wood)