2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000035101 Apr 24, 2000 8:00 am Secretary of State BEV-LEE, INC. 04-24-2000 90027 041 ***150.00 Principal Place of Business Mailing Address 1500 NW 3RD STREET 1500 NW 3RD STREET CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428-3817 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3505404 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-POURCHOT, LEROY C Street Address (P.O. Box Number is Not Acceptable) 1500 NW 3RD STREET CRYSTAL RIVER FL 34428 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 (NOTE: Registered Agent signature required when re 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition Change TITLE ☐ Delete TITLE POURCHOT, LEROY C NAME 1500 NW 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34428** Delete ☐ Change ☐ Addition TITLE TITLE GRUBER, BEVERLY G NAME NAME STREET ADDRESS 1500 NW 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34428** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 or elike empowered.

SIGNATURE: