2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P98000037985 HOLBROOK ENTERPRISES & SERVICES, INC. 04-20-2001 90008 006 ***150.00 Principal Place of Business Mailing Address 9653 SW GRANADA COURT 9653 SW GRANADA COURT PALM CITY FL 34991 PALM CITY FL 34991 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 65-0840734 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK, VESTER Street Address (P.O. Box Number is Not Acceptable) 9653 SW GRANADA COURT PALM CITY FL 34991 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 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 11. 12. ☐ Addition TITLE ☐ Delete TITI F Change NAME HOIBROOK, VESTER W NAME STREET ADDRESS STREET ADDRESS 9653 SW GRANADA CT CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Delete TITLE ___ Change Addition NAME HOLBROOK, RICHARD C NAME STREET ADDRESS STREET ADDRESS 9653 GRANADA CT CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE ☐ Delete TITLE Change Addition NAME-MURPHY: WILLADENE -----NAME STREET ADDRESS STREET ADDRESS 9653 SW GRANADA CT CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change 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-7IP 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/0/56-597-607/