FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am & Secretary of State **DOCUMENT #** P98000043354 1. Entity Name TERRY L. COUCH & ASSOCIATES, INC. 02-10-2002 90043 003 ***150.00 Principal Place of Business Mailing Address 9464-NW-44-TH-6T: DAGA NIN 14TH CT PLANTATION FL 93322 PLANTATION FL 38322 5786 NW 119th DRIVE 5786 NW 119th DRIVE CORAL SPRINGS, Fl. 33076 CORAL SPRINGS, 3. Mailing Address 2. Principal Place of Busines 5786NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite; Apt. #, etc City & State 4. FEI Number Applied For 65-0837699 Not Applicable ORAL \$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 Name COUCH, TERRY L Street Address (P.O. Box Number is Not Acceptable) 9464-NAVL 14TH-STREET 5786 NW 119 DEIVE PLANTATION FL 38322 CORAL SPRINGS, FlORIDA 33076 City 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 DATE 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 Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME COUCH, SIONYE R NAME 5786 NW119 DRIVE STREET ADDRESS STREET ADDRESS BASA NW TITTE ST. PLANTATION FL 33322 CORAL SPRINGS, FT. 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE D NAME NAME COUCH, TERRY L 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 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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 empowered.

SIGNATURE: