2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P98000053812 1. Entity Name WOODBURN INVESTMENTS, INC. 03-19-2001 90030 007 ***150.00 Mailing Address Principal Place of Business 1717 PENMAN ROAD 1717 PENMAN ROAD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address 510 S. 3rd Street 610S.3rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3526643 Not Applicable ocksonuille Beach, F <u>OCKSONVITE</u>BEO \$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 ALLEN, BRINTON & SIMMONS, P.A. Address (P.O. Box Number is Not Acceptable) 5 Noter Street S ONE INDEPENDENT DRIVE, SUITE 3200 JACKSONVILLE FL 32202 Zip Code registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or **SIGNATURE** Signature, typed or printed name of registered agent and title if app 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 X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TITLE TITLE WOODBURN, HENRY P III NAME NAME 510 S. BRO STREET STREET ADDRESS 1717 PENMAN RD STREET ADDRESS JACKSONVING BEACH 32250 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 Change Addition TITLE ☐ 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 TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 10.25 NAME 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE