

FILED  
Aug 14, 2001 8:00 am  
Secretary of State

07-19-2001 90006 014 \*\*\*158.75  
08-14-2001 90012 028 \*\*\*400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

798000055337

1. Entity Name

Exegia Incorporated

Principal Place of Business

Mailing Address

2. Principal Place of Business

Exegia Incorporated

Suite, Apt. #, etc.

9502 Ridge Rd.

City & State

Seminole, Florida

Zip

33772

Country

USA

3. Mailing Address

Exegia Incorporated

Suite, Apt. #, etc.

9502 Ridge Rd.

City & State

Seminole, Florida

Zip

33772

Country

USA

4. FEI Number

59-3517753

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

William R. VanHook  
9502 Ridge Rd.  
Seminole, FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 (see Note 1 applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$350.00  
Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

| 11. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: William R. VanHook, Jr. CFO 7/13/01 (727) 393 4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR25034 (11/00)