2000 UNIFORM BUSINESS REPORT (UBR) Mar 21, 2000 8:00 am DOCUMENT # P98000058813 1. Entity Name **Secretary of State** JET WHEELS INC. 03-21-2000 90089 025 ***150.00 Principal Place of Business Mailing Address 13415 PANAMA CITY BEACH 130 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407-2469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3717437 Not Applicable Zip Zip I Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6.-Name and Address of Current Registered Agent ~7...Name and Address of New Begistered Agent Name WHITE, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) 130 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407 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. NP. WHITE, PresideNT 3/15/00 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. ☐ Addition Change TITLE □ Delete TITLE WHITE, STEPHEN P NAME NAME STREET ADDRESS STREET ADDRESS 130 HOMBRE CIRCLE CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BEACH FL 32407 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 📑 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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

SIGNATURE: SIGNATURE AND APED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Prone &

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if