2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000062315 Jul 05, 2000 8:00 am 1. Entity Name FIREHOUSE OF ARKANSAS, INC. **Secretary of State** 07-05-2000 90878 020 ***100.00 Principal Place of Business Mailing Address 05-26-2000 90134 001 ****50.00 9850-5 SAN JOSE BLVD 9850-5 SAN JOSE BLVD JACKSONVILLE FL 32257-5495 JACKSONVILLE FL 32257 2. Principal Place of Business 3410 Kori Ro DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number 59-3529157 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name orensen.... open SORENSEN, ROBIN Street Address (P.O. Box Number is Not Acceptable) 9850-5 SAN JOSE-BLVD-JACKSONVILLE FL 32257 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Channe TITLE Delete TITLE SORENSEN, ROBIN NAME NAME 9850-5 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIF CITY-ST-7IP Delete ☐ Addition TITLE TITLE SORENSEN, CHRIS NAME NOME STREET ADDRESS STREET ADDRESS 9850-5 SAN JOSE BLVD CITY-ST-71P JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE Joost, Stephen C NAME NAME 9850-5 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP1 CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE 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.

المنادان المناد

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _