2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am Secretary of State DOCUMENT # 79800064113 Boswell Builders & Sows, Inc 04-25-2001 90157 022 ***150.00 Mailing Address Principal Place of Business 10859 Enerald Coast Pluy 315 Regatta Bay Blod Destin, 7e 32541 3. Mailing Address
10859 Emerald Coast Play 2. Principal Place of Business DO NOT WRITE IN THIS SPACE #4-360 City & State City & State 4. FEI Number Applied For 9-35623 Not Applicable \$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 Boswell Street Address (P.O. Box Number is Not Acceptable) EMERALD COAST PRIVY Ze. Zip Code 32550 8. The above named egitty symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. oril 13, 2001 SIGNATURE This corporation is eligible to satisfy its Int
 Tax filing requirement and elevis to do so.
 FILE NOW!!! FEE IS \$150.00 isfy its Intangible 10. Election Campaign Financing \$5.00, May Be After MAY 1, 2001 Fee will be \$550.00 -Trust-Fund-Contribution.-Added to Fees 73 (See criteria on back) Make Check Payable to Department of State PESSIDE NOT ON DER 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE ☐ Change JOHNNY BOSWELL 10859 Emerald Coast Pky, 4-360 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP stin, 32550 VICE - PRESIDENT ☐ Delete TITLE TITLE Change Addition NATHAN JOHN BOSWELL PKMY, 4-360 NAME NAME STREET ADDRESS STREET ADDRESS estin. 32*55*0 CITY-ST-7IP CITY-ST-ZIP EC RCTARY ☐ Delete TITLE Change Addition TITLE RyAN Bosloe 11 10859 Emerald Coast PKmy 4-360 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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 attachme SIGNATURE:

CR2E034 (11/00