2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # P98000068871 1. Entity Name 05-13-2002 90181 010 ***150 00 SOUTHERN DRAGON, INC. Principal Place of Business Mailing Address -0725 SE OCEAN BLVD -3725-SE-OCEAN BLVD SUITE 103 **SUITE 103**~ STUART FL 34096 -STUART FL 34006 2. Principal Place of Business 3. Mailing Address 3733 N.W 16 # 5t. 3733 NW DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0862755 Not Applicable Country \$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 REID, LARRY M. ddress (P.O. Box Number is Not Acceptable) **3725 SE OCEAN BLVD** SUITE 103 -STUART FL 34998 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. SIĞNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE PSD. Delete NAME REID. LARRY M NAME N.W. 16 5 St. Suite C STREET ADDRESS 3725 SE-OCEAN BLVD #103 STREET ADDRESS CITY-ST-ZIP STUART FL 34996-CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TT'Change ☐ 'Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 TITLE ☐ 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 filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

indicated on this report or supplements of the corporation or the receiver or this

changed, or on an attachment with

INTED NAME OF SIGNING OFFICER OF DIRECTOR

report is flue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director stee engowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if