2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P98000074598 1. Entity Name SBR ENTERPRISES, INC. 05-05-2000 90062 021 ***150.00 Principal Place of Business Mailing Address 9550-26 BAYMEADOWS RD. 9550-26 BAYMEADOWS RD. JACKSONVILLE FL) 32256 JACKSONVILLE FL 32256-0749 951280 Principal Place of Business 311-10 Randing DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc 4. FEI Number Applied For 59-3531076 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENTON, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1415 E. PIEDMONT DR., SUITE 4 TALLAHASSEE FL 32312 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition Delete TITLE TITLE BAERWALDT, RICHARD J NAME NAME 1555 DELANEY DR., SUITE 510 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE BAERWALDT, KENNETH J NAME NAME 1916 STONEHEDGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FINDLAY OH 45840 CITY-ST-ZIP TITLE-TITLE ☐ Deleter SCHONOVER, BRIAN K NAME NAME 13962 IBLS PT BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHONOVER, STEPHANIE NAME NAME 13962 IBLS PT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ACTOM COLD WAR THE CITY-ST-ZIP .QTY:ST-ZP:TTE ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not actually for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of the of the corporation or the receiver changed, or on an attachment SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR