2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P98000076282 TOLLIE LEE SHARPENING, INC. 03-15-2000 90099 008 ***150.00 Principal Place of Business Mailing Address 1022 WEDGEWOOD WAY 1022 WEDGEWOOD WAY CALLAHAN FL 32011 CALLAHAN FL 32011-3496 HUUGGOOGG 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Citý & State 4. FEI Number Applied For 59-3533551 Not Applicable Zip Country Country Zip \$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 A. JEFFREY TOMASETTI Street Address (P.O. Box Number is Not Acceptable) **406 ASH STREET** FERNANDINA BEACH FL 32034 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) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD ☐ Addition CR2F034 (9/99 TITLE Change TITLE ☐ Delete LEE, TOLLIE NAME STREET ADDRESS 1022 WEDGEWOOD WAY STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP ☐ Change Addition TITLE Delete LEE. RAMONA NAME NAME 1022 WEDGEWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 Delete TITLE ☐ Change Addition 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 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE 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 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. mong & Lee 2.29-00 904-845-2624