2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2001 8:00 am Secretary of State DOCUMENT # P98000078159 P&S - HERRITAGE ENTERPRISES, INC 03-27-2001 90029 041 ***150.00 Principal Place of Business Mailing Address 717 GULFVIEW DR. 717 GULFVIEW DR. PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3541887 Not Applicable Zip 7in Country Country \$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 STANFORD, REBECCA Street Address (P.O. Box Number is Not Acceptable) 106 PENNY LN. PANAMA CITY BEACH FL 32413 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) DATE 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE PFNEISEL, JOHN W NAME NAME STREET ADDRESS STREET ADDRESS 717 GULFVIEW DR. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STANFORD, REBECCA NAME STREET ADDRESS STREET ADDRESS 106 PENNY LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL_32413_ ☐ Delete TITLE K Change Addition -TITLE Pfneisel, Ryan NAME NAME PFNEISE, RYAN STREET ADDRESS STREET ADDRESS 717 GULFVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32413 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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. Rebecca Stanford 2-20-01 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR