2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State **DOCUMENT #** P98000085529 1. Entity Name 01-15-2002 90108 020 ***150.00 OPPORTUNITY HOLDINGS, INC. Principal Place of Business Mailing Address PO BOX 3630 520 SE FT KING ST BG A OCALA FL 34478 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE A Sola Applied For City & State City & State 4. FEI Number 59-3536394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JR -PRESSLEY, RALPH W Street Address (P.O. Box Number is Not Acceptable) 520 SE PT KING ST BG A OCALA FL 34471 City Zip Code 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 (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition X Delete TITLE TITLE CRUTCHER, KEITH A 4534-8W 105 DRIVE NAME NAME STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME PRESSLEY, RALPH W JR NAME 520 SE FT King St., BID A. STREET ADDRESS STREET ADDRESS 520 SE FT KING ST BG CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 Change TITLE ☐ Delete TITLE Addition NAME TUCK, WILLIAM H JR NAME 520 SE FT King St., STREET ADDRESS STREET ADDRESS 520 SE FT KING ST BV CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachment with an appears, with all other like empowered.

FILED