2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am Secretary of State DOCUMENT # P98000089040 1. Entity Name ALLIED FINANCIAL CORPORATION 01-21-2002 90023 039 ***150.00 Principal Place of Business Mailing Address 2808 REMINGTON GREEN CIRCLE N 2808 REMINGTON GREEN CIRCLE N 100-C 100-C TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3549510 Not Applicable Zip Country 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 SHEFFIELD, FRANK E Street Address (P.O. Box Number is Not Acceptable) 906 THOMASVILLE ROAD TALLAHASSEE FL 32303 Zip Code يؤير ما في الحرب الأساد المعتب 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 for profession of the configuration of the second 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Noles, Richard S NAME NOLES, RICHARD S NAME 2808 Remington Green Circle North, Suite 100C 2937 KERRY FOREST PARKWAY SUITE A-1 STREET ADDRESS STREET ADDRESS CITY-ST-7/P TALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassee, PL 32308 TITLE ☐ Delete TITLE Harvell, Bradley S. NAME HARVELL, BRADLEY S NAME 2808 Remington Green Circle North, suite 100-6 STREET ADDRESS 2937 KERRY FOREST PARKWAY SUITE A-1 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Tallahassec, FL 32308 Delete TITLE - 🔚 - Ghange ----- 🖃 - 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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

FILED

changed, or on an attachment with an address

SIGNATURE: