2002 Uniform Business Report (UBR)

Apr 16, 2002 8:00 am § Secretary of State P98000096136 DOCUMENT # 1. Entity Name GERALD E. PEPPER AUCTIONEERS, INC. 04-16-2002 90098 037 ***150.00 Mailing Address Principal Place of Business P O BOX 1715 128 E. CAMP ST. LAKE CITY FL 32025 LAKE CITY FL 32056 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 59-3552714 Not Applicable Zip Zìp 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 DECKER, ANDREW J III Street Address (P.O. Box Number is Not Acceptable) 320 WHITE AVE LIVE OAK FL 32060 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) 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, 2002 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. TITLE ☐ Delete TITLE Change Addition PEPPER, GERALD E NAME NAME P O BOX 1715 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32056 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WRIGHT, MARTHA J NAME STREET ADDRESS P O BOX 1715 N/A STREET ADDRESS LAKE CITY FL 32056 CITY-ST-ZIP CITY-ST-ZIP - 🗀 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITEE 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-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE: Mala E. Diff GERLO E. PEPPER 4/1/02 386/961-985

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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 of business that I am an officer or director of the corporation or the receiver of business and that my name appears in Block 11 or Block 12 if