2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DQCUMENT # P98000106536 NATIONAL SEARCH & ABSTRACT, INC. 04-13-2001 90014 048 ***150.00 Principal Place of Business Mailing Address 1708 ELISE MARIE DRIVE 1708 ELISE MARIE DRIVE SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address 301 N. PARSONS AVE. 301 N. PANSONS AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 51E-らた Applied For 4. FEI Number City & State 59-3549193 BRANOON Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARK MERSON PIERSON, MARK Street Address (P.O. Box Number is Not Acceptable) 1708 ELISE MARIE DRIVE SEFFNER FL 33584 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. PTSD PTSD TITLE ☐ Addition ☐ Delete TITLE PICUSON, MANK A. PIERSON, MARK A NAME NAME 205 RUNNING HORSE P.D. STREET ADDRESS STREET ADDRESS 1708 ELISE MARIE DRIVE SEFFNEN, PL. 33584 CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Addition ☐ Delete TITLE PO HITSMAN, ROBERT 1708 ELISE MARIE DP. HITSMAN, ROBERT NAME STREET ADDRESS STREET ADDRESS 15544 BAY VISTA DRIVE CITY-ST-ZIP CITY-ST-7IP CLERMONT FL 34711 _ Addition_ ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE [] Change Addition | TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR