2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000003789** Feb 28, 2001 8:00 am **Secretary of State** FIBER COLOR TRADING, INC. 02-28-2001 90071 037 ***155.00 Principal Place of Business Mailing Address 22 VIA DELUNA DR 916 W DOUG GAP MTN, ROAD DALTON GA 30720 DAATAAAA PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address 916 W. 706 GAI () 22 VIA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 208 City & State 4. FEI Number Applied For 59-2923530 ENSACONA BEACH Not Applicable 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 MOORHEAD, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BOULEVARD SUTIE 13 PENSACOLA FL 32503 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 (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, 2001 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 TITLE **PST** TITLE ☐ Delete Addition O'MAHONY, JERRY M MAME STREET ADDRESS 916 W. DOUG GAP MTN. RD. STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DALTON GA 30720 TITI F SEC/TRES ☐ Change Addition OMAHOWY, SERRY MI 916 M. JUG GAP MIT. RIV DALTON, GA 30720 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition

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. 855-9341926

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

Govord M O Mohow

NAME STREET ADDRESS

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

GERARD M. OKIAHONY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Change

Addition