May 01, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P99000007807 DOCUMENT # 05-01-2003 90991 002 ***150.00 1. Entity Name BRITISH WEST INDIES SUPPLIERS, INC Principal Place of Business Mailing Address 9237 NW 13 PLACE 9237 NW 13 PLACE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 308 Charing 1308 Chacing CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0889899 TN CANKlin Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired .S. Fee Required u.s. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRAID, PAUL M Street Address (P.O. Box Number is Not Acceptable) 9237 NW 13 PLACE **CORAL SPRINGS FL 33071** changing its registered office or registered a ent, or both, in the State of Florida. Lam familiar with, and accept 8. The above named entity submits the the obligations of registered ane SIGNATURE Signature, typed or printe FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Braid, Paul M ■ Addition TITLE BRAID, PAUL M NAME NAME 1308 Charing Cross Cir 9237 NW 13 PLACE STREET ADDRESS STREET ADDRESS TN 37064 CORAL SPRINGS FL 33071 Franklin 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-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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Change

■ Addition

Addition