2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYRED OR PRINTED NAME OF SIG

SECRETARY OF STATE DOCUMENT # P99000012345 HERRING FINANCIAL SERVICES, INC. 03 AUG - 1 PM 12: 07 Principal Place of Business Mailing Address 2440 SOUTH FEDERAL HWY 2440 SOUTH FEDERAL HWY STUART, FL. 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0895571 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRING, BOYIZE 2440 SOUTH FEDERAL HWY Street Address (P.O. Box Number Is Not Acceptable) STUART, FL 34994 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NÓWIN FEE IS \$150.00 After May 1, 2003 Fee, will be \$550.00 Amended UBR Is \$61.25 Make Check Payable to Florida Départment of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CRZE034 (10/02) ☐ Delete TITLE ☐ Change Addition TITLE NAME HERRING, PHILLIP D NAME 300022293563 2440 SOUTH FEDERAL HWY STREET ADDRESS STREET ADORESS 08/13/03--01072--030 **158.75 STUART, FL 34994 CITY-ST-2P CITY-ST-ZIP DT TITLE Delete TITLE Change ☐ Addition NAME HERRING, FANNIE D NAME STREET ADDRESS 2440 SOUTH FEDERAL HWY STREET ADDRESS STUART, FL 34994 CITY-ST-ZP CRY-ST-2IP DΡ TITLE ☐ Delete TITLE ☐ Change ■ Addition HERRING, BOYZIE NAME NAME 2440 SOUTH FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZP STUART, FL 34994 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), 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.

OFFICER OR DIRECTOR

Caytime Phone #

The Boyize Herring did not receive my 1st on 2nd Notice UBR For Herring Financial Services, TMC. Doc # 199000012345

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