AMEN HMENT 2000 UNIFORM BUSINESS REPORT (UBR) DCCUMENT # P99000013988 FILEU SEURETARY OF STAIL HYISION OF CORPORATIONS ZEPHYR HOME SERVICES, INC. 00 APR 26 AM 11:59 Principal Place of Business Mailing Address 5111 6th Street Zephyrhills, FL 33541 SAME 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number Not Applicable Country \$8.75 Additional ZinCountry Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David J. Murphy, Esquire Street Address (P.O. Box Number is Not Acceptable) 14217 Third Street Dade City, FL 33523-3828 Zip Code City 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. DATE Signature, typed or printed name of registered agent and little 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE FITLE P, D Defete 100003249221 NAME NAME Earnest, Billy -05/12/00--01005--002 STREET ADDRESS STREET ADDRESS 5111 6th Street ****61.25 *****61.25 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills, FL 3354 ☐ Delete TITLE NAME Leavy W. Earnest STREET ADDRESS STREET ADDRESS 5111 6th St. CITY-ST-ZIP-CITY-ST-ZIP Zephyrhills, FL 33541 ☐ Delete TITLE Change Change Addition TITLE NAME NAME Deanna King STREET ADDRESS STREET ADDRESS 5111 6th St. CITY-ST-ZIP City-St-7/P Zephyrhills, FL 33541 Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I nereby 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: 4/17/2000

Daytime Phone #

SIGNING OFFICER OR DIRECTOR