2001 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2001 8:00 am DOCUMENT # P99000014428 **Secretary of State** 1. Entity Name SB RESOURCES GROUP, INC. 06-14-2001 90008 041 ***550.00 Principal Place of Business Mailing Address 355 INTERSTATE BLVD 355 INTERSTATE BLVD SARASOTA FL 34240 SARASOTA FL 34240 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0896563 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, VIKKI Street Address (P.O. Box Number is Not Acceptable) 355 INTERSTATE BLVD SARASOTA FL 34240 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. SIGNATUŔE Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition TIDE TITLE D NAME NAME COOK, VIKKI STREET ADDRESS STREET ADDRESS 355 INTERSTATE BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 Delete ☐ Change Addition TITLE TITLE NAME NAME **VEAL, MATTHEW A** STREET ADDRESS STREET ADDRESS 1004 MARLIN LAKES CIRCLE, #211 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 □ Delete ☐ Change Addition TITLE TITLE 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-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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

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: VILLE COR - VILLE COX

2/9/01

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