2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State 1. Entity Name COUNTRYSIDE MARKETING ENTERPRISE, INC. 05-03-2001 90994 002 ***150.00 Principal Place of Business Mailing Address BOX 163 15 PARADISE PLAZA SARASOTA, FL 34239-6905 2. Principal Place of Business 3. Mailing Address 3816 COUNTRYSIDELLANE 3816 COUNTRYSIDE LANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State SARASOTA, FL SARASOTA, FL Not Applicable 65-0896737 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34233 Fee Required SARASOTA 34233 SARASOTA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Richard L. Fallon Pres. Street Address (P.O. Box Number is Not Acceptable) 3816 Countryside Lane Sarasota, F1 34233 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. Signáture, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition President ☐ Delete TITLE NAME Richard L. Fallon MAME STREET ADDRESS STREET ADDRESS 3816 Countryside Lane CITY-ST-ZIP CITY-ST-ZIP Sarasota, Fl 34233 Change ☐ Addition ☐ Delete TITLE TITLE V.P. & Secretary NAME NAME Barbara M. Fallon STREET ADDRESS STREET ADDRESS 3816 Countryside Lane CITY-ST-ZIP CITY-ST-ZIP Sarasota, Fl 34233 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: -19**-**01 <u>-925–3850</u>

SIGNATURE AND