2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # **P99000022666** 1. Entity Name CHANTL, INC. 05-03-2001 90005 039 ***150.00 Principal Place of Business Mailing Address 6700 S. FLORIDA AVE., SUITE 6 P.O. BOX 1797 LAKELAND FL 33813 HIGHLAND CITY FL 33846 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 59-3563090 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALDRIDGE, J. C. Street Address (P.O. Box Number is Not Acceptable) 6700 S FLORIDA AVE STE #6 LAKELAND FL 33813 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 Flor.da SIGNATURE Signature, typoc or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW III 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, 2001 Fee will be \$550.00 [...] Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, PD "I"L8 Delete TITLE (10/00 X Change Addition ALDRIDGE, J. C. NAME ALBRIDGE, J. C. NAME STREET ADDRESS 6700 S FLORIDA AVE STE #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 TIFLE ☐ Dolete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CHY-SI-ZIP TiTi,F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Delete TITLE ☐ Change [7] Addition NAME STREET AGDRESS STREET ADDRESS CITY-ST-ZIP CHTY -ST-ZIP ☐ Delete TITLE [] Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SE-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further cortify 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 a

FICER OR DIRECTOR

President

SIGNATURE AND TYPED PROPERTY OF SIGNING

4/23/01

863-644-9197

Daytime Phone #