2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am Secretary of State DOCUMENT # P99000025615 1. Entity Name 03-03-2002 90128 049 ***150.00 JERRY CORBETT'S HOME CENTER, INC. Principal Place of Business Mailing Address 10314 HWY 90E 10314 HWY 90E LIVE OAK FL 32060 LIVE OAK FL 32060 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. FEI Number Applied For 52-2151153 Not Applicable Zip Zip Country 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 CORBETT, PAULINE A Street Address (P.O. Box Number is Not Acceptable) 5777 PINECREST RD. LIVE OAK FL 32060 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Delete D NAME NAME CORBETT, JERRY E STREET ADDRESS 5762 PINECREST RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 TITLE Change ☐ Addition TITLE ☐ Delete D NAME NAME CORBETT, JERRY E STREET ADDRESS STREET ADDRESS 5777 PINECREST RD. CITY-ST-ZIP CITY-ST-ZIP LIVE_OAK_FL 32060 ☐ Delete TITLE D. ____. TITLE Change ☐ Addition NAME NAME CORBETT, PAULINE C STREET ADDRESS STREET ADDRESS 5777 PINECREST RD. CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition 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 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

SIGNATURE:

FILED