2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 09, 2000 8:00 am Secretary of State 06-09-2000 90025 035 ***150.00 Principal Place of Business Mailing Address Mailing Address Mailing Address SAME JACKSONVIlle, Fl 39277 **11000₩~~** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3565529 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1. FFANY Baldwin 1126 Greenwickert West Name Street Address (P.O. Box Number is Not Acceptable) Jacksonville, FL 30077 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Tiffany Baldwin 7786 Greenwich Ct W TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, F1 32277 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S7-7IP Change ☐ Addition ☐ Delete TITLE HILE NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP DITT: ST ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS SIRGER ADDRESS CITY-ST-ZIP 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.

-...ATURE: