2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am DOCUMENT # P9900042463 **Secretary of State** POOCH CAMP, INC. 03-09-2001 90487 043 ***150.00 Principal Place of Business Mailing Address 5955 CALAIS WAY #104 5955 CALAIS WAY #104 ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address 3019 3019 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 59-3578845 Not Applicable DRlando Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWIND, JOANNE M Street Address (P.O. Box Number is Not Acceptable) 5955 CALAIS WAY #104 Albert ORLANDO FL 32822 City ORLANDO 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 (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 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 TITLE ☐ Delete TITLE ☐ Change Addition SCHWIND, JOANNE M NAME NAME 5955 CALAIS WAY #104 STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BREEZE, CHRISTINE M NAME NAME 9812 VIOLET DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32824 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME 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: SGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR March 6

March 6, 2001