FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am § Secretary of State DOCUMENT # P99000043049 1. Entity Name 05-06-2002 90184 019 ***150.00 G. TODD TAYLOR, P.A. Principal Place of Business Mailing Address 2133 YELLOWTAIL DRIVE 2133 YELLOWTAIL DRIVE MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 361 OVERSEAS HWY OVERSEAS HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920927 MARATHON MARATHON Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, TODD Street Address (P.O. Box Number is Not Acceptable) 2133 YELLOWTAIL DRIVE MARATHON FL 33050 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition TAYLOR, Todd TAYLOR, TODD NAME NAME 1361 OVERSEAS HWY- d4 STREET ADDRESS 2133 YELLOWTAIL DRIVE STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP MARATHON, The 33050 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition Change 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 changed, or on an attachment with an address, with altother like empowered. SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR