2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900045323 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name SON'S INVESTMENT CLUB INC-09-11-2000 90062 014 ***550.00 Mailing Address Principal Place of Business 2806 TIMBERWAY PL 2806 TIMBERWAY PL BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number *5*9-3587/02 Not Applicable 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 Name - SHEPHERD; SONJA Street Address (P.O. Box Number is Not Acceptable) 2806 TIMBERWAY PL **BRANDON FL 33511** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (Şee criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, TITLE ☐ Delete TITLE Addition LEE E. ANDERSON, SR NAME 4 NAME STREET ADDRESS STREET ADDRESS 905 Hastie RI CITY-ST-ZIP CITY-ST-ZIP Tallahussie, FL 32310 ☐ Addition TITLE ☐ Change ☐ Delete LEWIS SHEPHERD NAME NAME 2806 TIMBERWAY PLACE STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE TITLE ☐ Delete SONTA_ SHEPHERD NAME NAME STREET ADDRESS STREET ADDRESS 1806 TIMBERWAY PLACE CITY-ST-ZIP CITY-ST-ZIP SRANDON, FL 33511 Change ☐ Addition TITLE □ Delete TITLE NAME NAME JEANETTE Williams STREET ADDRESS STREET ADDRESS 103 CHANNEL CITY-ST-ZIP LAKE MARY CITY-ST-ZIP Addition ☐ Delete TITLE SHIRLEY WOODS 2712 E. Columbus DRIVE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

NAME

NO OFFICER OR DIRECTOR

☐ Delete

TAMPA, FL 33605

Change

☐ Addition