FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: __

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P99000048435 CONCH HOUSE RESTORATION, INC. 04-07-2001 90009 025 ***150.00 Principal Place of Business Mailing Address 1301 STH STREET -1301-STH-STREET-KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address 7 ASTER TERNACE 17 ASTER TENNACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920628 SY WEST ¥ & Y Not Applicable WEST Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3 3040 MONROE-Fee Required ---MON ROE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES 5mm SMITH, JAMES E JR. Street Address (P.O. Box Number is Not Acceptable) -- 1301 8TH STREET MOVED KEY WEST FL 33040 ASTER TERRACE 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) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. CH2E034 (10/00) Delete TITLE Change TITLE SMTH, JAMES E. JA. SMITH, JAMES E JR. NAME NAME APPRESC 17 ASTER TERRACS STREET ADDRESS 1301 OTH STREET - 17 ASTER TEANALE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEYWEST, Fl. KEY WEST FL 33040 TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7/P Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 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.

SAMES E. SMITH SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR