2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000049955 Sep 14, 2000 8:00 am 1. Entity Name BEDROCK & STONE COMPANY Secretary of State 09-14-2000 90015 005 ***550.00 Mailing Address Principal Place of Business 7220 FREEPORT STREET 7220 FREEPORT STREET COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address 6852 S Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3578953 Not Applicable 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 DEAN, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 7220 FREEPORT STREE COCOA FL 32926 32926 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. DATE Signature, typed or printed 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. Added to Fees Make Check Payable to Department of State 🚐 (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRES. TITLE M Change ☐ Addition TITLE ☐ Delete LEE B. JOHNSON JOHNSON, RICHARD W NAME 7220 FREE PONT 97. NAME 7220 FREEPORT STREET STREET ADDRESS STREET ADDRESS eo co A, FL. 32926 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 SEC -TREAS. 🕢 Change Addition Delete TITLE TITLE CARLA K JOHNSON 7220 PREEPORT ST. JOHNSON, CARLA K NAME NAME 7220 FREEPORT STREET STREET ADDRESS STREET ADDRESS 3292b CITY-ST-ZIP CITY-ST-ZIE **COCOA FL 32926** Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP .__.Change___ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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: LEICE CRILINE REQUIRED 9-10-00 321-69-