2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 29, 2000 8:00 am Secretary of State DOCUMENT # P99000051746 JAMES L. REDMILE, INC. 05-16-2000 90174 049 ***150.00 Principal Place of Business Mailing Address 3609 FLAMINGO ROAD 3609 FLAMINGO ROAD HERNANDO BEACH FL 34607 HERNANDO BEACH FL 34606-4127 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State applud Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REDMILE, JAMES L Street Address (P.O. Box Number is 3609 FLAMINGO ROAD HERNANDO BEACH FL 34607 City 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE NAME NAME REDMILE, JAMES L 3609 FLAMINGO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 2IP **HERNANDO BEACH FL 34607** Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition -TITLE _ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Defete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 inclicated 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.

Doc# 19900051746 To Whom elt May Concern: Noted on this form is my change of address from 3609 Hamingo Blud, Hunando Beach, FL 34607 to 1446 Newhope Rd., Spring Hill, Fl 34606. This notice was originally sent to my old address, therefore it only recurd it yesterday Il spoke with a representative and she said to send it in by way of regular mail and el would not be penalized My FEI number is applied for and well send that information as soon as it is received