2000 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2000 08:00 AM DOCUMENT # P9900064481 1. Entity Name **Secretary of State** INVESTMENT BUSINESS OPPORTUNITY CORPORATION Principal Place of Business Mailing Address POST OFFICE BOX 17743 POST OFFICE BOX 17743 PENSACOLA FL PENSACOLA FL 325227743 325227743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3593593 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 JONES-BALDWIN 3005 TUJAGUES PLACE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA \mathbf{FL} 32505 Zip Code FL 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. 04/30/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE X Change ☐ Addition BALDWIN CYNGHIA NAME BALDWIN CYNTHIA STREET ADDRESS 4744 CONSTELLATION DRIVE STREET ADDRESS 4744 CONSTELLATION DRIVE CITY-ST-ZIP GULF BREEZE 32514 CITY-ST-ZIP GULF BREEZE 32514 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MITCHELL NAME JAMES T.IR. STREET ADDRESS 2324 GREENWELL COURT STREET ADDRESS CITY-ST-ZIF PENSACOLA FL 32526 CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME MITCHELL JOAN NAME STREET ADDRESS 2324 GREENWELL COURT STREET ADDRESS CITY-ST-ZIP PENSACOLA 32526 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME BALDWIN DWIGHT NAME STREET ADDRESS 3005 TUJAGUES PLACE STREET ADDRESS PENSACOLA CITY-ST-ZIP 32505 FL. CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME JONES-BALDWIN LYNN NAME 3005 TUJAGUES PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BALDWIN FAYE NAME STREET ADDRESS 4223 BROOKSIDE DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA 32501 CITY-ST-7/8

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.

FILED