2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am DOCUMENT # **P99000075235** 1. Entity Name Secretary of State BRONSON VENTURES, INC. 03-17-2000 90043 014 ***150.00 Principal Place of Business Mailing Address 11150 BRONSON RD. 11150 BRONSON RD. CLERMONT FL 34711-9315 CLERMONT FL 34711 823187 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City, & State City & State こ タリカシミ Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PURVIS, MARSHA B Street Address (P.O. Box Number is Not Acceptable) 11150 BRONSON RD. CLERMONT FL 34711 City 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 pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6/ Ronson, Raymond W. Change ☐ Delete TITLE BRONSON, RAYMOND W NAME IIISO BRONSON Rd CR2F034 11150 BRONSON RD. STREET ADDRESS STREET ADDRESS Clermont FI 34711 CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Addition TITLE ☐ Defete TITLE BRONSON, Dennis W NAME **BRONSON, DENNIS W** NAME 11150 BRONSON Ad STREET ADDRESS STREET ADDRESS 11150 BRONSON RD. Cleamont CITY-ST-ZIP ジイノリ CLERMONT FL 34711 CITY-ST-ZIP Addition Change TITI F TITLE ☐ Delete urvis, Marsha B URVIS, MARSHA B NAME NAME STREET ADDRESS 11150 BRONSON RD. STREET ADDRESS 34711 CITY-ST-7IP ermont CITY-ST-ZIP **CLERMONT FL 34711** ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 inchanged, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTO