2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000076283 May 10, 2000 8:00 am Secretary of State HIGHLANDER ENTERPRISES, INC. 03-15-2000 90017 010 ***150.00 Principal Place of Business Malling Address 4840 BENTON STREET 4840 BENTON STREET LAKE WALES FL 33853-8611 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Cily & State 4. FEI Number Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current-Registered Agent CRABTREE, DIANNE Street Address (P.O. Box Number is Not Acceptable) 4840 BENTON STREET LAKE WALES FL 33853 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. DATE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Flegislated Again signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Daiete NAME Crabtree, Dianne NAME STREET ADDRESS STREET ADDRESS 4840 BENTON STREET CITY-ST-29 CITY-ST-ZIP LAKE WALES FL 33853 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition MILE Delete TITLE NAME NAME STREET ADDRESS SYREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIF Change Addition | ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ☐ Change Addition [☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CATY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

10 nne Craptree 3-09-00 863-638-4632