2000 UNIFORM BUSINESS REPORT (UBR) Aug 02, 2000 8:00 am DOCUMENT # P.990000 80 894 Secretary of State Development Corporation 07-07-2000 90461 010 ***150.00 Principal Place of Business Mailing Address 17 Shady wave Mary Esther, FT 32569 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 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required ------ 7.- Name and Address of New Registered Agent ~-8. Name and Address of Current Registered Agent √ lon yours Street Address (P.O. Box Number is Not Acceptable) Zip Code City Fi statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 6-29-00 SIGNATURE A (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible \$5:00 May Be After MAY 1: 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE Change TITLE President - Director NAME NAME ow norms STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME Tom by yours STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Vice President ☐ Change TITLE Derete TITLE NAME -H.D. Kelley STREET ADDRESS STREET ADDRESS Bevelly 5t CITY-ST-ZIP CITY-ST-ZIP Addition Chance Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-719 CITY-ST-ZIP Delete Change Addition HILE NAME STREET ADDRESS bi bijiningg CITY-ST-71P ST ZIP ☐ Change ☐ Addition TITLE MILL Delete NAME STREET ADDRESS neuwics CITY-ST-ZIP ST ZIP I hereby certify that the information supplied with this filling 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.

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