FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State DOCÚMENT # P99000081378 CONTINUOUS EVOLUTION, CORP. 02-01-2001 90055 008 ***158.75 Principal Place of Business Mailing Address 1302 S.E. SANCHEZ AVE. 1302 S.E. SANCHEZ AVE. OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address PO Box 9081 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ity & State 4. FEI Number Applied For 59-3600505 FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34479 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCK,-RICK_ Street Address (P.O. Box Number is Not Acceptable) 1302 SE SANCHEZ AVE. **OCALA FL 34471** Zin Code City 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. SIGNATURE Signature, typed or printed 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME TUCK, RICK NAME STREET ADDRESS 1302 SE SANCHEZ AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 ☐ Addition TITLE ☐ Change TITLE ☐ Delete **NEAL, PENNY** NAME NAME STREET ADDRESS STREET ADDRESS 2217 NE 35TH ST CITY-ST-7IP CITY-ST-ZIP OCALA FL 34479 TITLE ☐ Change ☐ Addition ST TITLE ☐ Delete TUCK, DONNA NAME NAME 2217 NE 35TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34479** Change ☐ Addition TITLE □ Delete TITLE TUCK-ROGERS, BUSCH TUCK-ROGERS, BORSCH NAME NAME STREET ADDRESS 1302 SE SANCHEZ AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **OCALA FL 34471** Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP

13. 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

Fick Tuck (gres.) SIGNATURE:

CITY-ST-ZIP