2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State P99000081378 DOCUMENT # 04-09-2002 90732 030 ***158 75 1. Entity Name CONTINUOUS EVOLUTION, CORP. Principal Place of Business Mailing Address B0061514 1302 S.E. SANCHEZ AVE. P.O. BOX 9081 OCALA FL 34471 OCALA FL 34479 2. Principal Place of Business 3. Mailing Address 2277 N.W. 63 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number - 59-3600505 City & State City & State Applied For -LORI DA Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TUCK, RICK Street Address (P.O. Box Number is Not Acceptable) 1302 SE SANCHEZ AVE. OCALA FL 34471 City (Zip Code 3 447 5 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. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete 2277 N.W. 63 P. NAME TUCK, RICK NAME STREET ADDRESS 1302 SE SANCHEZ AVE STREET ADDRESS OCALA, FL. 34475 CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP ETTINGER, PENNY ☐ Delete 1ITLE ☐ Change ☐ Addition NAME NEAL. PENNY NAME STREET ADDRESS STREET ADDRESS 2217-NE-35TH.ST. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34479 ☐ Addition TITLE ST ☐ Delete TITLE . Change NAME NAME TUCK, DONNA STREET ADDRESS 2217 NE 35TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34479 TITLE Delete TITLE Change ☐ Addition TUCK-ROGERS, BOSCH NAME NAME STREET ADDRESS 1302 SE SANCHEZ AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 ☐ Change Addition TITLE ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED