2000 UNIFORM BUSINESS REPORT (UBR)

Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P9900090092 1. Entity Name BOOG POWELL INC. 08-17-2000 90105 006 ***150.00 09-15-2000 90071 001 ***400.00 09-15-2000 90071 002 *****8.75 Mailing Address Principal Place of Business 16 DRIFTWOOD DR. 16 DRIFTWOOD DR. KEY WEST FL 33040 key west fl 33040 40011 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Act. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POWELL, JOHN W MR. Street Address (P.O. Box Number is Not Acceptable) 16 DRIFTWOOD DR. KEY WEST FL 33040 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 printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fee! (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 5,00 Addition Delete TITLE BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3040 CITY-ST-ZIP ☐ Chance ☐ Addition DDE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP Addition ☐ Change ☐ Delete TITLE NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS 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 agrees in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AHOCHMUNA

Boog Powell, Inc. 16 Driftwood Drive Key West, Florida 33040

Inc. 20

Secretary of State
Florida Corporations
RE:

DOCUMENT # P99000090092

RU Bax 1500

Tallahasse FL 32023-1500

Dear Sir:

Please find a check enclosed for the registration of my corporation. I am asking for a waiver of the penalty because I was not aware that I was required to pay this fee. When I received the notice, I filed it with my corporate papers for safekeeping without realizing its content. Boog Powell, Inc. is a new corporation and I should have been more aware that this fee was owed to the state of Florida. This is a mistake that will not happen again. I appreciate your attention to this matter.

Sincerely,

Boog Powell

President