2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000090192 May 31, 2000 8:00 am 1. Entity Name Secretary of State INGRAM & SONS, INC. 05-31-2000 90022 033 \*\*\*150.00 Principal Place of Business Mailing Address 5630 Tughill Drive Tampa, FL 33624 DDD54789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3602477 Not Applicable Zip Country Zip 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 MOTOLAW, Inc. Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street Suite 2750 Jacksonville, FL 32202 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, 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition TITLE TITLE ☐ Delete Ingram, Stephen A NAME NAME 4090 Hodges Blvd. \*\*\3\D 10135 Gate Parkway North #1305 STREET ADDRESS STREET ADDRESS Jacksonville, FL Jacksonville, FL 32246 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE D ☐ Delete TITLE NAME Ingram, Robyn NAME 4090 Hodges Blvd #13いつ 10135 Gate Parkway North #1305 STREET ADDRESS STREET ADDRESS Jacksonville, FL Jacksonville, FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change \_ Delete\_ \_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appears in Block 11 or Block 12 if with all other like empowered changed, or on an attachment with an address

NING OFFICER OR DIRECTOR

SIGNATURE: