2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # P99000100669 LONGBOARD LIZARD, INC. 09-11-2000 90008 036 ***550.00 Principal Place of Business Mailing Address 1132-3RD AVENUE SOUTH 1132-3RD AVENUE SOUTH TIERRA VERDA FL 33715 TIERRA VERDA FL 33715 B0105493 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country 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 Name TURNER, RICHARD E JR Street Address (P.O. Box Number is Not Acceptable) 1132-3RD AVENUE SOUTH TIERRA VERDA FL 33715 City Zip Code 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) 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 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. Addition TITLE Delete TITLE Change TURNER, RICHARD E JR NAME NAME 1132-3RD AVENUE SOUTH STREET ADDRESS STREET ADDRESS TIERRA VERDA FL 33715 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE TURNER, MEREDITH NAME NAME 1132-3RD AVENUE SOUTH STREET ADDRESS STREET ADDRESS TIERRA VERDA FL 33715 CITY-ST-ZIP CITY-ST-7IP ☐ Change - - ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITI E ☐ Delete 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

SIGNATURE: