2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000105914 Sep 05, 2000 8:00 am Secretary of State 1. Entity Name MICHELSON & LONGO VENTURES, INC. 09-05-2000 90045 007 ***150.00 Principal Place of Business Mailing Address 1120 REDFISH CIRCLE P.O. BOX 27534 PANAMA CITY FL 32411 PANAMA CITY FL 32411 EFCC 1 UU U 3. Mailing Address 2. Principal Place & Business VO. 20 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3611533 AW AMA Not Applicable Country Countr \$8.75 Additional 5. Certificate of Status Desired 241 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHELSON, JAMES E Street Address (P.O. Box Number is Not Acceptable) 1120 REDFISH CIRCLE PANAMA CITY FL 32411 City Zip Code FI 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so \Box 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 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete NAME NAME POBOX 27534 PAWAMA CUTY, FL 32411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRESIDENT-VP-MICHELSON Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Change **X** Addition ☐ Delete TITLE TITLE Ames E. MICHELSON NAME NAME STREET ADDRESS υ Box 27531 STREET ADDRESS CITY-ST-ZIP 32411 CITY-ST-ZIP TITLE SECRETARY -☐ Change Addition Delete 🗆 TITLE NAME NAME RO BOX 27531 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

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Delete

Market 8/25/2000

235 -272

☐ Addition

aytime Phone #

Change

attachment Doct 199000105914 8/25/20N Enclosed is the 2nd notice of the MBR. My company which was morporated in Dec 1999, did not receive a 15 notice I am told That the first notice is sent in and with a Many 31 dead line In summer of \$150. We did not receive that notice Bossible since we were a new corroration. He \$150 check. Sincerely ... J. E. MicHelson PRESIDENT Michelson & Longo Ventures, Sur.