2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 15, 2000 8:00 am Secretary of State **DOCUMENT#** Welge Enterprises, Inc. 06-15-2000 90004 029 ***150.00 Principal Place of Business Mailing Address 00064495 2. Principal Place of Business 3. Mailing Address 1894 1844 SEA GRAPE WAY SEA GRAPE WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3613879 DAYTOWA BEACH Not Applicable DAYTONA BEHCH Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS WELGE Street Address (P.O. Box Number is Not Acceptable) 894 SEA GRAPE Zip Code 8. The above named entity suffinits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change CURTIS DIVELGE NAME 1894 SEA GRAPE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32/24 ONIT TITLE ☐ Delete TITLE Addition NAME NAME DEBRA K. WELGE STREET ADDRESS STREET ADDRESS 1894 SEA GRAPE WAY CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR