2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 29, 2002 8:00 am Secretary of State P99000109419 DOCUMENT # 1. Entity Name BURNETTE SOLUTIONS INC. 05-29-2002 90706 024 ***150.00 Principal Place of Business Mailing Address 2615 TEESIDE COURT 2615 TEESIDE COURT KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address 1800 THE DAKS BLUD 1800 THE DAILS BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For KISSIMMEE 59-3589630 KISSIMMEE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired OSCEOLA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNETTE, ARTHUE LEE III BURNETIES ARTHUR LEE --x Number is Not Acceptable 2615 TEESIDE COURT KISSIMMEE FL 34746 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution, П Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 70 Delete TITLE Change . ☐ Addition CR2E034 (9/01 BURNETTE, ARTHUR L III BURNETTE, ARTHUR L. NAME STREET ADDRESS 2611 TERSIDE COURT STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE, FL TITLE ☐ Delete TITLE ☐ Addition NAME CHRISTIAN, CHRISTOPHER P NAME 13402 COLONY SAVARE DR #2527 STREET ADDRESS STREET ADDRESS CITY-ST-7iP ORLANDO FL 32837 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete __ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change - ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 lik SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR