2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V04897 Apr 03, 2000 8:00 am Secretary of State LIONFIRE. INC. 04-03-2000 90152 017 ***150.00 Principal Place of Business Mailing Address 1730 UMBRELLA TREE DR 1730 UMBRELLA TREE DR **EDGEWATER FL 32132-3111 EDGEWATER FL 32132-3111** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3106472 Not Applicable 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 Name GEBELEIN, CHARLES G. Street Address (P.O. Box Number is Not Acceptable) 1730 UMBRELLA TREE DR EDGEWATER FL 32132-3111 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 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITI F TITLE NAME GEBELEIN, CHARLES G NAME STREET ADDRESS STREET ADDRESS 1730 UMBRELLA TREE DR CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL Change Addition ☐ Delete TITLE TITLE NAME GEBELEIN, CLARE NAME STREET ADDRESS STREET ADDRESS 1730 UMBRELLA TREE DR CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL** Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles 6. Griden 3/29/w (904) 427-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #