2001 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # V24042** 1. Entity Name EXUM ENERGY, INC. 03-23-2001 90032 045 ***150.00 Principal Place of Business Mailing Address 2179 SR 44 2179 SR 44 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3128939 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORNTO, L.A., JR. Street Address (P.O. Box Number is Not Acceptable) 149-G S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition ☐ Delete TITLE TITI F WEBSTER, LYNDA EXUM NAME NAME STREET ADDRESS STREET ADDRESS 101 N. RIVERSIDE DR. CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE EXUM, JOHN M., JR NAME NAME STREET ADDRESS 2209 TURNBULL BAY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Change ☐ Addition TITLE Delete EXUM, CHRISTOPHER.D. NAME NAME 406 WOODSTARD CR-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED