2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # V29322** 1. Entity Name 1790, INC. 03-22-2000 90076 032 ***150.00 Mailing Address Principal Place of Business 2221 ROXBURY ROAD 1010 US 27 SO AVON PARK FL 33825 AVON PARK FL 33825-9178 628669 2. Principal Place of Business 3. Mailing Address 1010 U.S. 27 SouTH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3116257 PARK AUON Not Applicable Zip \$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 Street Address (P.O. Box Number is Not Acceptable) DOUGLAS LEWIS, MELODY 2221 ROXBURY ROAD AVON PARK FL 33825 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 Daugh Yuwis DoublAS Lows Signature, typed or printed name of registered agent and title of 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE Change CARTER, LEWIS J. NAME NAME 2221 ROXBURY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP AVON PARK FL Change ☐ Addition ☐ Delete TITLE TITLE CARTER, SANDRA R. NAME NAME STREET ADDRESS STREET ADDRESS 2221 ROXBURY ROAD CITY-ST-ZIP-CITY-ST-7iP AVON PARK-FL TITLE Change ☐ Addition Delete TITLE LEWIS, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 2221 ROXBURY ROAD CITY-ST-7IP CITY-ST-ZIP AVON PARK FL Change ☐ Addition Delete TITLE LEWIS. MELODY NAME 2221 ROXBURY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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