2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # V38625** ELLIS FAMILY, INC. 01-19-2000 90252 048 ***150.00 Principal Place of Business Mailing Address 1300 N. BETTY LANE 1008 SAN SALVADOR DR. CLEARWATER FL 33755 **DUNEDIN FL 34698-4425** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3130625 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELLIS, L.C. JR Street Address (P.O. Box Number is Not Acceptable) 1008 SAN SALVADOR DR. **DUNEDIN FL 34698** 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. TITLE ☐ Delete ELLIS, JR., L C STREET ADDRESS 1008 SAN SALVADOR DR. STREET ADDRESS

Addition ☐ Change CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698 Delete Change Addition ELLIS, GLENDA G NAME NAME STREET ADDRESS STREET ADDRESS 1008 SAN SALVADOR DR. CITY-ST-7IE CITY-ST-ZIP **DUNEDIN FL 34698** Change Addition TITI F TITLE Delete ELLIS, KENNETH J NAME NAME STREET ADDRESS STREET ADDRESS 1008 SAN SALVADOR DR. CITY-ST-ZIP CITY-ST-ZIE **DUNEDIN FL 34698** Addition VPganton -Delete Change TITLE TITLE ELLIS: JAMES R NAME STREET ADDRESS STREET ADDRESS 1008 SAN SALVADOR DR. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP