2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # V44901** FARGO HOLDING, INC. 04-19-2001 90301 005 ***150 00 Principal Place of Business Mailing Address 80 INDUSTRIAL LOOP NORTH 80 INDUSTRIAL LOOP NORTH けひんけびひ BLDG, 5 BLDG. 5 **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3135370 Not Applicable \$8.75 Additional Zip Zip Country 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 BLACKBURN & COMPANY, L.C. Street Address (P.O. Box Number is Not Acceptable) 6620 SOUTHPOINT DR SO SUITE 200 JACKSONVILLE FL 32216 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SR2E034 (10/00) Change ☐ Addition Delete TITLE TITLE MURPHY, RADFORD S SR NAME NAME **80 INDUSTRIAL LOOP N** STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE **BUSH, CHRISTIAN L** NAME NAME **80 INDUSTRIAL LOOP N** STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 repeiver 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.