2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 13, 2000 8:00 am Secretary of State DOCUMENT # F95000006251 **HEWITT & DASHER, INC.** 06-13-2000 90002 039 ***550.00 Principal Place of Business Mailing Address 746 E.G. MILES PKWY 746 E.G. MILES PKWY HINESVILLE GA 31313-4536 HINESVILLE GA 31313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3282209 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 HEWITT, GREG Street Address (P.O. Box Number is Not Acceptable) 2294 MAYPORT RD #25 ATLANTIC BCH FL 32233 Zip Code FL 8. The above name 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) 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, 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 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DASHER, ALAN STREET ADDRESS STREET ADDRESS 851 OLD FIELD DR CITY-ST-ZIP CITY-ST-ZIP HINESVILLE GA 31313 ☐ Delete ☐ Change ☐ Addition TITLE NAME HEWITT, GREG NAME STREET ADDRESS STREET ADDRESS 1827 KINGS WAY CITY-ST-7IP CITY-ST-ZIP **NEPTUNE BCH FL 32266** Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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

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 suppliemental jeport 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 rustee 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 addless, with all other like empowered.