2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 06, 2000 8:00 am Secretary of State **DOCUMENT # 493716** 1. Entity Name STOCKWELL, REISMAN, PAULK & TAYLOR, P.A. 04-06-2000 90060 003 ***150.00 Principal Place of Business Mailing Address 2400 MICCOSUKEE ROAD 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308-5314 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1641854 Not Applicable Country \$8.75 Additional Zip 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 STOCKWELL, JAMES W. Street Address (P.O. Box Number is Not Acceptable) 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE STOCKWELL, JAMES W. NAME NAME STREET ADDRESS 2400 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Addition ☐ Delete Change TITLE REISMAN, TERENCE N. NAME NAME 2400 MICCOSUKEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TALLAHASSEE FL Change ☐ Addition TITLE □ Delete TITLE PAULK, TIMOTHY NAME NAME STREET ADDRESS 2400 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change Addition TITLE ☐ Delete TITLE TAYLOR, LARRY D. NAME NAME STREET ADDRESS 2400 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Addition ☐ Change ☐ Delete TITLE MANGAN, MICHAEL J. NAME NAME STREET ADDRESS 2400 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, ANDRES F NAME NAME STREET ADDRESS 2400 MICCOSUKEE RD STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 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

FILED

Daytime Phone #