2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State **DOCUMENT # 672578** OERTEL, HOFFMAN, FERNANDEZ & COLE, P.A. 05-02-2000 90136 013 ***150.00 Principal Place of Business Mailing Address 301 S. BRONOUGH STREET P.O.BOX 1110 TALLAHASSEE FL 32302-1110 FIFTH FLOOR TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. City & State 4. FEI Number Applied For City & State 59-2009476 Not Applicable 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 Name OERTEL, KENNETH G. Street Address (P.O. Box Number is Not Acceptable) 301 S BRONOUGH ST 5 FLOOR TALLAHASSEE FL 32301 City Zip Code 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) 9. This corporation is eligible to satisfy its' Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See critéria on back) Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111-444. OFFICERS AND DIRECTORS PD CE TO SECURE STREET ☐ Delete TITLE TITLE NAME NAME OERTEL. KENNETH STREET ADDRESS STREET ADDRESS 301 S BRONOUGH ST 5 FLOOR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition TITLE TITLE Delete NAME HOFFMAN, KENNETH NAME STREET ADDRESS STREET ADDRESS 2700 BLAIRSTONE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME FERNANDEZ, SEGUNDO J. NAME STREET ADDRESS STREET ADDRESS 2700 BLAIRSTONE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition ☐ Delete TITLE NAME COLE. TERRY P NAME STREET ADDRESS STREET ADDRESS 2700 BLAIRSTONE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 chapted or on a state-french with an address, with all other like proposered. changed, or on an attachment with an address, with all other like