2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 672578** 1. Entity Name OERTEL, HOFFMAN, FERNANDEZ & COLE, P.A. 04-27-2001 90224 017 ***150.00 Principal Place of Business Mailing Address P.O.BOX 1110 301 S. BRONOUGH STREET TALLAHASSEE FL 32302 FIFTH FLOOR TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2009476 Not Applicable Zip Country 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 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Addition TITLE ☐ Delete 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 D Delete TITLE NAME FERNANDEZ, SEGUNDO J. NAME 3015 Bronaugh St 5th Floor TCN Chosee FL STREET ADDRESS STREET ADDRESS 2700 BLAIRSTONE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE ☐ Addition TITLE D ☐ Delete NAME NAME 3015 BronzighSt 5th Floor COLE, TERRY P STREET ADDRESS 2700 BLAIRSTONE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 actoress, with all other like showered.

SIGNATURE

SIGNATURE AND APPED OR PRINTED WANTED SIGNING OFFICER OR DIRECTOR

01 (850)521-0700

Daytime Phone #