2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2001 8:00 am Secretary of State DOCUMENT # P00000094277 UTCHEL FINANCIAL SERVICES, P.A. 03-07-2001 90154 001 ***158.75 Principal Place of Business Mailing Address 623 JUPITER WAY 623 JUPITER WAY CASSELBERRY FL 32707-4517 CASSELBERRY FL 32707-4517 4004 U 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3696687 No: Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ---7.-Name and Address of New Registered Agent UTCHEL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **623 JUPITER WAY** CASSELBERRY FL 32707-4517 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intancible 10. Election Campaign Financing \$5.00 May Ba Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 · 🗖 🕠 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVŠT TITLE Delete TILE UTCHEL, JOSEPH NAME NAME 623 JUPITER WAY STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CASSELBERRY FL 32707-4517 CITY-ST-ZIP TITLE Delete Change TITLE UTCHEL, JOSEPH NAME" NAME **623 JUPITER WAY** STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CASSELBERRY FL 32707-4517 CITY-S1-ZIP TITLE Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delate TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qual fy 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 address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

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NAME STREET AODRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MALLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

☐ Delete

3/1/01

407-830-5331

Daytime Phone #

☐ Change

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Addition

Addition