2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State P01000055269 DOCUMENT # 1. Entity Name 05-15-2002 90093 030 ***150.00 CO-ADVANTAGE PAYROLL TAX SERVICES, INC. Mailing Address Principal Place of Business 111 W JEFFERSON STREET SUITE 100 111 W JEFFERSON STREET SUITE 100 ORLANDO FL 32801 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3724/24 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William Street Address (P.O. Box Number is Not Acceptable) WHITE, W. GRAHAM 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK FL 32789 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. e, typed or printed name of registered agent and 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, 2002 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 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change President TITLE ☐ Delete TITLE payne williams NAME NAME 111 w Jefferson st STREET ADDRESS STREET ADDRESS orlando FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Director Delete TITLE TITLE NAME Mark NAME Jefferson st STREET ADDRESS STREET ADDRESS EC 32801 CITY-ST-ZIP CITY-ST-ZIP -Addition Vice President TITLE ☐ Delete TITLE Bruce Goin NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TRASUTER TITLE □ Delete TITLE NAME Ben HE witt STREET ADDRESS 51 sute 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Secreta ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFF

FILED