2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90095 016 ***150.00

0101175 AV

DOCUMENT # P02000063970

1. Entity Name
PARALLAX OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
7120 LAKE ELLENOR DR ORLANDO FL 32809-5721	P.O. BOX 55 ORLANDO FL 32802-0055

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10600 Orange Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32824 Country: US	Zip Country

4. FEI Number: 01-0713175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAGEL, DONALD G 7120 LAKE ELLENOR DR ORLANDO FL 32809-5721	Name: E. Jay Strates Street Address (P.O. Box Number is Not Acceptable): 10600 Orange Ave. City: Orlando **FL** Zip Code: 32824

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: E. Jay Strates, Pres. — DATE: 04/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRATES, E JAY 7120 LAKE ELLENOR DR ORLANDO FL 32809-5721	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP E. Jay Strates 10600 Orange Ave. Orlando, FL 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGID, SUSAN S 7120 LAKE ELLENOR DR ORLANDO FL 32809-5721	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Susan S. Magid 10600 Orange Ave. Orlando, FL 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOREMUS, SIBYL S 7120 LAKE ELLENOR DR ORLANDO FL 32809-5721	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Sibyl S. Doremus 10600 Orange Ave. Orlando, FL 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. Jay Strates — 04/24/03 — (407) 855-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #