2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE:

FILED DOCUMENT # P95000035477 May 15, 2000 8:00 am 1. Entity Name Secretary of State *SHURDOM AGENCY, INC. 05-15-2000 90150 010 ***150.00 Principal Place of Business Mailing Address 7339 E COLONIAL DRIVE 7339 E COLONIAL DRIVE ORLANDO FL 32807-6386 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3314355 Not Applicable Country Zip 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 Name SHURDOM, JULIA M Street Address (P.O. Box Number is Not Acceptable) 7339 E COLONIAL DRIVE ORLANDO FL 32807 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 (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE TITLE ☐ Delete SHURDOM, YANAL A. NAME NAME STREET ADDRESS 7339 E COLONIAL DRIVE, STE 8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Addition ☐ Change ☐ Delete TITLE SHURDOM, JULIA M. NAME NAME 7339 E COLONIAL DRIVE, STE 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32807 CITY-ST-ZIP ☐ Change Addition Delete TITLE SHURDOM, JEANETTE Y. NAME STREET ADDRESS STREET ADDRESS 7339 E COLONIAL DRIVE, STE 8 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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

other_like empowered.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR