FILED Jun 19, 2003 8:00 am Secretary of State 06-19-2003 90042 045 ***150.00

2003 FOR PROFIT COUNTY OF THE)
CLIMENT # BOSOCO7420C	of the Real

Principal Place of Business 301 N. PARK AVE., STE. A WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address WinTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address WinTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address	rable		
Suite, Apl. #, etc. Suite, Apl. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additions Fee Required State To Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name DUNLOP, J. ERWIN 301 N. PARK AVE., STE. A WINTER PARK, FL 32789 Street Address (P.O. Box Number is Not Acceptable) City FL 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 Forida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW/ILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 This. KNOWLES DUNLOP, DIANA SIREFAIDRESS CITY 51-2P NAME KNOWLES DUNLOP, DIANA SIREFAIDRESS CITY 51-2P CITY S1-2P	rable		
City & State Country Country Country Country 5. Certificate of Status Desired \$8.75 Additions Foe Required Name Name Name Name Name Name Street Address of Name and Address of Name Registered Agent City FL 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. I am familiar with, and a the obligations of registered agent. SignATURE Symbolic injudicy primate rame of equivalent agent, and title if audicable. (NOTE Registered Agent Agents qualues equivalent whom invitating) After May 1: 2003 Fee Will 56 \$550.00 After May 1: 2003 Fee Will 56 \$550.00 After May 1: 2003 Fee Will 56 \$550.00 Nake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE NAME KNOWLES DUNLOP, DIANA SIREFI ADDRESS CITY 51-2P NAME DUNLOP, J. ERWIN City Graph City Graph Added to Fee City of Clarge INTER CITY 51-2P NAME DUNLOP, J. ERWIN CITY 51-2P Country 5. Certificate of Status Desired City Additions Foe Required To Name and Address of Niew Registered Agent Name Additions Foe Required State Additions Foe Required To Name and Address of Niew Registered Agent Name Additions Name Additions Name Additions Foe Required To Name and Address of Niew Registered Agent Name Additions Name Additions Name Street Address (P.O. Box Number is Not Acceptable) City of P.L. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME DUNLOP, J. ERWIN City of P.L. City of P.L.	ept		
Zip Country Zip Country 5. Certificate of Status Desired 58.75 Additional Foe Required Foe Requi	ept		
6. Name and Address of Current Registered Agent 7. Name and Address of Num Registered Agent Name Name DUNLOP, J. ERWIN 301 N. PARK AVE., STE. A WINTER PARK, FL 32789 City City FL 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. I am familiar with, and a the obligations of registered agent. SIGNATURE Synaura, involving primeu name of registered agent and title if anyticable. FILE NOW!!! FEE IS \$150.00 After May 1: 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME KNOWLES DUNLOP, DIANA STREETADRESS 301 N. PARK AVE., STE. A SIRETADRESS WINTER PARK, FL 32799 101. Change			
Name DUNLOP, J. ERWIN Street Address (P.O. Box Number is Not Acceptable)			
DUNLOP, J. ERWIN 301 N. PARK AVE., STE. A WINTER PARK, FL 32789 Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Affer May 1, 2003 Fee will be \$550.90 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE P Change KNOWLES DUNLOP, DIANA STREET ADDRESS CITY ST -2P WINTER PARK, FL 32789 CITY ST -2P TILE VPST DUNLOP, J. ERWIN Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo			
After May 1, 2003 Fee will be \$550.00 The Boove 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 a the obligations of registered agent. SIGNATURE Signature, synature required when reinstating) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make: Check Payable to Florida: Department; of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE P Delete TITLE NAME KNOWLES DUNLOP, DIANA STREET ADDRESS CITY-ST-2IP TITLE VPST Delete TITLE Delete TITLE NAME NAME NAME NAME DUNLOP, J. ERWIN			
the obligations of registered agent. SIGNATURE Signature Sig			
Signature (syndic) in printed name of registered agent and title if applicable. (NOTE Registered Agents ignature required when reinstating) CATE	e		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11ILE P Delete NAME KNOWLES DUNLOP, DIANA STREET ADDRESS 301 N. PARK AVE., STE. A STREET ADDRESS CITY-ST-2IP 11ILE VPST DUNLOP, J. ERWIN 9. Election Campaign Financing Added to Fee Added to Fee Added to Fee Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 In E NAME STREET ADDRESS CITY-ST-2IP 11ILE PST Delete TITLE NAME NAME	е		
TITLE			
NAME KNOWLES DUNIOP, DIANA STREET ADDRESS 301 N. PARK-AVE., STE. A STREET ADDRESS CITY-ST-2IP TITLE VPST Delete TITLE NAME DUNIOP, J. ERWIN			
CITY-ST-2IP WINTER PARK, FL 32789 CITY-ST-2IP 1ITLE VPST Delete TITLE NAME DUNLOP, J. ERWIN NAME	tion 6		
NAME DUNLOP, J. ERWIN NAME	1		
	tion		
STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP	Ì		
TITLE Delete .70LE Change .70LE NAME NAME NAME	tion		
TITLE	tion		
City-st-zip Title Delete 176LE NAME NAME STREET ADDRESS STREET ADDRESS	tion		
CITY-ST-ZIP	ion		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: 1 STATURE AND TYPE DOR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR 6/5/63 407/628-4300	ı		

Dunlop, Dunlop & Dunlop, P.A.

Attorneys at Law

301 N. Park Avenue, Luite A Winter Park, Florida 32189

J. Erwin Dunlop, Attorney Diana Knowles Dunlop, Attorney Philip J. Dunlop, Attorney

June 15, 2003

Td. (407) 628-4300 Fax: (407) 628-4345 Email: Dunloplaw @ acl.com

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Further to my telephone conversation with your office this morning, I am writing to advise that we never received the Annual Report/UBR form from your office this year. We try to be very meticulous in our prompt filing of this form, as can be seen from the fact that we filed last year in January. -Per your advice, I am therefore enclosing a check in the amount of \$150.00, and the completed UBR form that I downloaded from your website.

Respectfully submitted,

DUNLOP, DUNLOP & DUNLOP) P.A.

Although the man to the