2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2000 8:00 am Secretary of State OCUMENT # P96000071884 Entity Name FADA SERVICES, INC. 03-16-2000 90099 001 ***150.00 Mailing Address Flace of Business NORTH MILLS AVENUE 505 NORTH MILLS AVENUE ORLANDO FL 32803-5313 TT FL 32803 60000700 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0951492 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFRIES, DAVID D Street Address (P.O. Box Number is Not Acceptable) 505 NORTH MILLS AVENUE ORLANDO FL 32803 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition K Delete TITLE Change MUELLER, RONALD J NAME ADDDECS. 13525 US HWY 19 NO STREET ADDRESS CITY-ST-ZIP ST-ZIP CLEARWATER FL 34624 Change ☐ Addition ☐ Delete TITLE President THOMAS, BRUCE H NAME Thomas Bruce H. **HWY 90 E** STREET ADDRESS Hwy 90 E CITY-ST-ZIP ST ZIP QUINCY FL 32351 Quincy FL 32351 Delete ☐ Change Addition TITLE BROWN, WILLIAM D NAME 6239 S ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP ST-ZIP ORLANDO FL 32809 ☐ Delete TITLE President-Elect ☐ Change X Addition NAME William C. Cramer, Jr. STREET ADDRESS POBox 490 CITY-ST-ZIP ST ZIP Panama City FL 32402 Sec.-Trea. ☐ Change **X**Addition Delete TITLE Kenneth E. Page MAME STREET ADDRESS 9330 W Atlantic Blvd CITY-ST-ZIP ST-ZIP Coral Springs, FL 33071 ☐ Addition ☐ Change ☐ Delete TITLE NAME κινιαιές STREET ADDRESS CITY-ST-ZIP I hereby certify that the information

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 frustee 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 pitter like empowered.

MATURE:

GINTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2000

407-896-7371

Daytime Phone