2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000085689** GENERAL UTILITIES CORPORATION 04-23-2000 90063 045 ***150.00 Mailing Address Principal Place of Business 7621 FROG LOSSLANE 7621 FROG LOG LANE LEESBURG FL 34748-9305 LEESBURG FL 34748 838066 3. Mailing Address 2. Principal Place of Business 7621 Frog Log Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-3600 185 Not Applicable ees buro Country \$8.75 Additional Country 5. Certificate of Status Desired 34748 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGHOLTZ, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 411 N. DONNELLY STREET STE 207 **MOUNT DORA FL 32756** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE FELTON, THOMAS M NAME 7621 Frog Log Ln 7621 FROG LOG LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP Change ☐ Addition Delete 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 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 peport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: