2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am **DOCUMENT # \$68043** Secretary of State THE BABCOCK GROUP, INC. 03-01-2001 91332 028 ***150.00 Principal Place of Business Mailing Address 2310 E ROBINSON ST STE B 2310 E ROBINSON ST STE B ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3073947 Not Applicable Zip Country Country Zip \$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 BABCOCK, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 2310 E ROBINSON ST STE B ORLANDO FL 32803 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. 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 clects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVDT** □ Delete TITL 2 BABCOCK, ROBERT K NAME STREET ADDRESS 2310 E ROBINSON ST STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ORLANDO FL 32803 TITLE ☐ Delete TiTi E [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z'P ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY S1-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C:TY-ST-ZIP ☐ Delete ☐ Change Addition

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 f changed, or on an attachment with an address, with all other like empowered.

STREE! ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2/24/01 407 894-8333