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2000 UNIFORM BUSINESS REPORT (UBR) AMENDED DOCUMENT # P96000025234 FILED 1. Entity Name 00 MAR 22 AM 8: 54 4/46A CORP. SEGRETARY OF STATE TWO MAKES SEE, FLORIDA Principal Place of Business Mailing Address 1275 Lake Heathrow Lane 1275 Lake Heathrow Lane Heathrow, FL 32746 Heathrow, FL 32746 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 59-3376601 Not Applicable Zip 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 (Name correction in #7) Feinberg, Stephen D. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue, Suite 2500 Orlando, Florida Zin Code 8. The above named entity submits of st tement 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE K Change Addition NAME NAME Apostolicas, George P. STREET ADDRESS STREET ADDRESS 1275 Lake Heathrow Lane CITY-ST-ZIP CITY-ST-ZIP Heathrow, FL 32746 Delete ☐ Change TIT1 F TITLE Addition NAME NAME DoBosh, Joe STREET ADDRESS STREET ADDRESS 1275 Lake Heathrow Lane CITY-ST: ZIP CITY-ST-ZIP Heathrow, FL 32746 -TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 5000031944266-5 -04/04/00--01009--003 # Addition TITLE Delete TITLE NAME ******61.25 *****61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change , ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

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