2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000088227 Apr 25, 2001 8:00 am Secretary of State 1. Entity Name 1211 BUILDING CORP. 04-25-2001 90373 048 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 1330 P.O. BOX 1330 WINTER PARK, FL 32790 WINTER PARK, FL 32790 A0056653 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 59-3218772 Not Applicable Zip Zip Country 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 JOHNSON, LORAN A. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO, FLORIDA 32801 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 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, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. BELL, JOHN MARTIN CR2E034 (11/00 TITLE ☐ Addition ☐ Delete TITLE NAME 1215 ORANGE AVENUE NAME STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE PST BELL, JOHN MARTIN ☐ Delete NAME NAME 1215 ORANGE AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-7IP CITY-ST-ZIP KILLIGREW-DES TOMBE. Change Addition TITLE TITLE ☐ Delete INGRID SCHOO NAME NAME 675 OSCEOLA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE WINTER PARK, FL TITLE Change Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB ☐ Change ☐ Addition TITLE TITLE Delete 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 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

all other like empowered.

NAMEREST DENT

263-0740

Daytime Phone #

4/17/01

Date

changed, or on an attachment with an address

JOHN MART<del>IN B</del>ELL

SIGNATURE: