2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name SEGALAS CORPORATION

FILED Jul 02, 2001 8:00 am Secretary of State 07-02-2001 90002 018 ***150.00

Principal Place of Business 10625 Wittington Avenue Vero Beach, FL 32963		Mailing Address 10625 Wittington Avenue Vero Beach, FL 32963			C 007 2	277		
2. Principal Pl	ace of Business	3. Mailing Address	-			. *		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		l			oplied For	
Zip	Country	Zip	Country	ļ	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Regist	ered Agent		
			Name	.~				
O'Haire, Michael			Street A	Street Address (P.O. Box Number is Not Acceptable)				
3111 Cardinal Drive			Gircet 7 ii		ox realiser is reconscissory			
Vero Bea	ach, FL 32963							
			City			FL Zip Cod	e	
8. The above	named entity submits this statement fo	or the purpose of changing its	registered office or	registered age	ent, or both, in the State of Florida.			
•	•	, ,	J		,			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signatu	re required when rei	instating)	DATE		
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 20	II FEE IS \$150.0 01 Fee will be \$5 de to Department	50.00	Election Campaign Financin Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND	*	12.		I DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11	
TITLE	D /D	□ Delete	TITLE		211101101011111111111111111111111111111	x Change	Addition	
NAME	Segalas, Hercules A.		NAME	P/D Segalas	, Hercules A.		_	
STREET ADDRESS	10625 Wittington Av	STREET ADDRESS	10625 Wittington Avenue					
CITY-ST-ZIP	Vero Beach, FL 329	CITY-ST-ZIP	Vero Beach, FL 32963					
TITLE	D (4	☐ Delete	TITLE	D/S/T	,	x☐ Change	Addition	
NAME	Segalas, Margaret	NAME	Segalas	s, Margaret				
STREET ADDRESS	10625 Wittington Av	STREET ADDRESS	10625 W	ittington Avenue		Ì		
CITY-ST-ZIP	Vero Beach, FL 329		CITY-ST-ZIP	Vero Be	each, FL 32963			
TITLE	·	□ Delete	TITLE		4	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CiTY-ST-ZIP		•		ĺ	
TITLE		□ Delete	TITLE			☐ Change	Addition	
NAME		L) Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		•	CITY-ST-ZIP	•				
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME				Ì	
STREET ADDRESS			STREET ADDRESS				İ	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
TITLE	,	☐ Delete	TITLE	,		☐ Change	☐ Addition	
NAME [•		NAME				}	
STREET ADDRESS I							1	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP					

of the corporation or the receiver or fustee empowered to effecte 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: