2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # 217319** 1. Entity Name **BRITT - JANE E- INC** 03-16-2001 90029 013 ***150.00 Mailing Address Principal Place of Business 996 E PLANT ST/ P O BOX 770308 996 E PLANT ST/ P O BOX 770308 WINTER GARDEN FL 34777-7308 WINTER GARDEN FL 34777-7308 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, étc. Applied For 4. FFI Number City & State City & State 59-6063440 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLAND, R S Street Address (P.O. Box Number is Not Acceptable) 446 66 AVE EAST 996 E. Plant Street WINDERMERE FL 34786 Zip Code 34787 FL Winter Garden 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition SD ☐ Delete TITI F TITLE DELOACH, T. C. NAME STREET ADDRESS STREET ADDRESS 515 NORTH BOYD CITY-ST-ZIP CITY-ST-ZIP WINTER GRDN, FL 00000 ☐ Addition TITLE Change ☐ Delete TITLE HOLLAND, CONSTANCE B NAME NAME STREET ADDRESS 15520 T M RANCHC RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32832 Change __ _ Addition TIT! F ·DP - --- --- --- --- ---- □ Delete -NAME HOLLAND, R S NAME STREET ADDRESS STREET ADDRESS 15520 T M RANCH RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32832 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-01

407-656-1553

Daytime Phone #

FILED