2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # 531959 1. Entity Name BRIDGER KIRTON & ASSOCIATES, INC. 04-23-2000 90039 050 ***150.00 Principal Place of Business Mailing Address 1988 S. CHICKASAW TR 1988 S. CHICKASAW TR 838001 ORLANDO FL 32825 ORLANDO FL 32825-8408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1757146 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRTON, E. BRIDGER Street Address (P.O. Box Number is Not Acceptable) 1988 S. CHICKASAW ORLANDO FL 32825 City Zip Code 8. The above named entity subprite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 1/10/80 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. Change Delete Addition TITLE KIRTON, E. BRIDGER NAME NAME STREET ADDRESS 1988 S. CHICKASAW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TITLE Change Addition ☐ Delete TITLE KIRTON, DOROTHY H. NAME NAME STREET ADDRESS 1988 S. CHICKASAW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Change → ☐ Addition TITLE ــنـ Delete ــنـ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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

FILED

BRINGER KIRTON 1/19/00 407-423-7000