2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

Jan 21, 2000 8:00 am Secretary of State DOCUMENT # 558335 WINGFIELD RESERVE CORPORATION 01-21-2000 90072 041 ***150.00 Principal Place of Business Mailing Address 7651-B ASHLEY PARK COURT 7651-B ASHLEY APRK COURT SHITE 404 SUITE 404 OTACA) ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1822370 Not Applicable Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NUTT, GORDON S. Street Address (P.O. Box Number is Not Acceptable) 7651-B ASHLEY APRK COURT SUITE 404 ORLANDO FL 32835 Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PTD Change ☐ Delete TITLE TITLE **NUTT, GORDON S** NAME NAME STREET ADDRESS STREET ADDRESS 7651-B ASHLEY PARK COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change Addition Delete TITLE TITLE NUTT, GORDON S., II. NAME NAME STREET ADDRESS 7651-B ASHLEY PARK COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete 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-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing poes 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 the stee empowered bexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

January 7, 2000

407-290-0250