2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 21, 2003 8:00 am **Secretary of State** 581371 DOCUMENT # 01-21-2003 90599 017 ***150.00 1. Entity Name SAMPEY & DEXTER, P.A. Principal Place of Business Mailing Address 315 EAST ROBINSON ST #690 315 EAST ROBINSON ST #690 90007484 P O BOX 632 P O BOX 632 ORLANDO FL 32802. ORLANDO FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1835498 Not Applicable Zip Country Zip 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 SAMPEY, ALBERT E. Street Address (P.O. Box Number is Not Acceptable) 315 E. ROBINSON ST. SUITE 690 ORLANDO FL 32801 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE SAMPEY, ALBERT E NAME NAME 1515 SKYE CT. STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-7IP CITY-ST-78P ☐ Delete TITLE TITLE Change Addition FONTENOT, KAREN NAME NAME 1405 BLACKWILLOW TRAIL STREET ADDRESS STREET ADDRESS ALTAMONTE FL CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition DEXTER, JAMES R NAME NAME 1424 HORIZON COURT STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition RESETAR, GARY S. NAME NAME 4654 THORNLEE RD STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition

FILED