2000 UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 28, 2000 8:00 am **DOCUMENT # 591965** Secretary of State 1. Entity Name 7007 CORPORATION 02-28-2000 90179 049 ***150.00 Mailing Address Principal Place of Business C/O CHARLES E. O'HARE, JR. C/O CHARLES E. O'HARE, JR. 1091 TIMBER CREEK CIRCLE 1091 TIMBER CREEK CIRCL 00025752KAUFMAN TX 75142 KAUFMAN TE 75142-4335 us 2. Principal Place of Business 3. Mailing Address 10629 10629 ALA HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1990986 Not Applicable town CREEK. TOWN CREEK Country \$8.75 Additional Country Zip 5. Certificate of Status Desired USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'HARE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 2951 HIGH POINT BLVD KISSIMMEE FL 34747 33 TR 20 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Addition TITLE TITLE O'HARE, CHARLES E NAME NAME 2951 HIGH POINT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34747 CITY-ST-7IP Diezatenning ☐ Change Addition ☐ Delete TITLE 100 O'HARE, CHARLES E NAME NAME 2951 HIGH POINT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34727 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete nne NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY, ST. ZIP CITY-ST-ZIP ग्राम्बाहार Delete Change Addition Gabber Bi De Die France ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.

E. Oltmo 12

2/18/200