FILED ~2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am Secretary of State **DOCUMENT # 600903** 05-19-2001 90283 015 ***150.00 GEORGE A NEDER JR M D P A Principal Place of Business Mailing Address 85 WEST MILLER 85 WEST MILLER 004400 SUITE 104 SUITE 104 ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1237378 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \square . Fee Required 7. Name and Address of Registered Agent 6. Name and Address of Current Registered Agent Georae NEDER JR.GEORGE A 85 W. MILLER, SUITE 104 ORLANDO FL anging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of SIGNATURE 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 \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Neder Jr. George A. St. **X** Change ☐ Addition TITLE ☐ Delete TITLE NAME NEDER JR.GEORGE A NAME STREET ADDRESS STREET ADDRESS 85 W. MILLER SUITE 104 Orlando, FL 32806 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE ☐ Delete VSD Neder Jr. George A. 43 w. Underwood St. NAME NAME NEDER JR..GEORGE A. STREET ADDRESS STREET ADDRESS 85 W. MILLER SUITE 104 Orlando, FL 32806 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 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.