2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State **DOCUMENT # 623379** E.P. LEASING INCORPORATED 05-02-2000 90122 018 ***150.00 Principal Place of Business Mailing Address 3010 W PATRICK STREET TOCK STREET KISSHMMEE FL 34741-5970 Kisshamee Fl 34741 w Address 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 834 LONG BAY 4. FEI Number Applied For 59-1911656 Kissimmee KISSIMMEE Not Applicable Country ひらみ Country \$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 BIRKS EANNE COPELAND, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 631 PALM SPRINGS DRIVE STE 110 ALTAMONTE SPRINGS FL 32701 SSIMMER 4741 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ■ Addition TITLE TITLE ☐ Delete PRETSCH, ERNEST NAME NAME 1517 COLONY AVE 834 Long Bay Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-7IP ☐ Delete TITLE JEANNE P. BIRKS 834 LONG BAY CT. NAME Long Bay Ct. 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 ☐ 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-7IP CITY-ST-ZIP ☐ Addition Change ☐ 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 accordate 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.

SIGNATURE: