2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # 647302 **Secretary of State** 1. Entity Name STURM & STURM, CPA'S, P.A. 01-19-2000 90180 006 ***150.00 Principal Place of Business Mailing Address STE 402 157 E NEW ENGLAND AVE 157 E NEW ENGLAND AVE STF 402 SUITE 301 603195 WINTER PARK FL 32789-5861 WINTER PARK FL 32789 HS 2. Principal Place of Business 3. Mailing Address 1840 WINCHESTER DRIVE 840 WINCHESTER DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1950085 WINTER PARK PAKK Not Applicable WINTER 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 Name STURM, RICHARD V Street Address (P.O. Box Number is Not Acceptable) 157 E NEW ENGLAND AVE STE 402 1840 WINCHESTER DRIVE City 8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (ature, 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change TITLE TIDE ☐ Delete STURM, RICHARD V. NAME NAME 1840 WINCHESTER DRIVE STREET ADDRESS 157 E NEW ENGLAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 00000 32789 ☐ Addition ☐ Delete TITLE Change : STURM, RAY R. NAME NAME STREET ADDRESS 133 MORNING GLORY 157 NEW ENGLAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition TITLE Delete 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 TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete ήΠΕ 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 with all other like empowered. STURMED V. STURM 407-644-7398 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE