DOCUMENT # 679716 08-15-2002 90045 030 ***550.0 1. Endy Name V DO NOT WRITE IN THIS SPACE 974371 2. Pincipal Place of Businesso 3. Maling Address 401. W. Colonial Drive Same Same, Apr. 4, etc. Do NOT WRITE IN THIS SPACE Suite 402 Same, Apr. 4, etc. Suite 402 Suite, Apr. 4, etc. Do NOT WRITE Same Ory & State 4. FEI Number Same, Apr. 4, etc. Do NOT WRITE Same Apr. 4, etc. Do NOT WRITE 32804 - 6830 Orange Zip Courtey Same Apr. 4, etc. DO'NOT-WRITE IN THIS SPACE Or ange Zip Clay & Sign Orange Zip Clay & Sign Orange Zip Clay & Sign Other properties Orange Zip Clay & Sign Orange Zip Clay & Sign Do Not worke the statenere of Dop Pack Number is Net Accepablood <tr< th=""><th>00 an tate</th><th>FILED Aug 15, 2002 8:00 Secretary of Sta</th><th colspan="5">FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)</th></tr<>	00 an tate	FILED Aug 15, 2002 8:00 Secretary of Sta	FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					
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City Orlando FL Zip Code 32804-68: 8. The above named guilty submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. July , 2002 Signeture, ged or parted or parted in purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. Signeture, ged or parted or parted in purpose of changing its registered agent, or both, in the State of Fiorida. July , 2002 OPTICE Registered agent, and ble if appleable. Nis corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See critteria on back) INTE OFFICERS AND DIRECTORS INTE DP Peter M. Williams, Trustee – E. Maxcy After Appress CITY-ST-ZP INTE DP Peter M. Williams, Trustee – E. Maxcy After Appress CITY-ST-ZP INTE DITE DP Peter M. Williams, Trustee – E. Maxcy STREET ADDRESS CITY-ST-ZP INTE DINE DINE <t< td=""><td></td><td>Jress (P.O. Box Number is Not Acceptable) Colonial Drive, Suite 802</td><td>Street Ac. 401 W.</td><td></td><td></td><td></td><td></td></t<>		Jress (P.O. Box Number is Not Acceptable) Colonial Drive, Suite 802	Street Ac. 401 W.					
8. The above name droptily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE July , 2002 Signature, typed of period name of registered agens and idle if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. This corporation is eligible to satisfy its Intangliote Tax filing requirement and elects to do so. (See criteria on back) Image: state of the tapplicable of Make Check Payable to Department of State Image: state of the tapplicable of tappl				ACE				
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13. 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 informatic 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 efficer or direct of the corporation or the accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or direct of the corporation or the accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or direct of the corporation or the accurate and that my report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on ar attachment with an address, with all other like empowered.	director	ve the same legal effect as if made under oath, that I am an officer or direct	nature shall ha	ue and accurate and that my vered to execute this report.	rt or supplemental report is tr	atëd on this repo e corporation or t	indicated of the co	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u> </u>	SIGNATURE AND TYPED OF DE		SIGNAT	

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