2001 UNIFORM BUSINESS REPORT (UBR) Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # 721191** 1. Entity Name CROWN OAKS, INC. 04-06-2001 90055 007 ****61.25 Principal Place of Business Mailing Address 2180 PARK AVE. N 2180 PARK AVE. N SUITE 326 SUITE 326 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Add 444 W. New England A DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2480919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÜS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MALCOM, THOMAS D 2180 PARK AVE, N SUITE 326 WINTER PARK FL 32789 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Delete Change TITLE SD TITLE NAMÉ NAME STONE, BARI STREET ADDRESS STREET ADDRESS 216 CROWN OAKS WAY CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Delete TITLE **VTD** TITLE NAME NAME EVANS, CARL D. STREET ADDRESS STREET ADDRESS 117 CROWN OAKS WAY CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Addition Change PD Delete TITL F TITLE HOWLAND, KEMP NAME NAME Howland, Kem STREET ADDRESS STREET ADDRESS 216 CROWN OAKS WAY 16 Crown CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL ☐ Addition Delete TITLE Change TITLE NAME ROBINSON, CAROL NAME STREET ADDRESS STREET ADDRESS 201 CROWN OAKS WAY CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: SIGNATURE: SIGNATURE IND WIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HOWLAND 3/26/01 407-647-2622