FILED
01-08-2003 90206 001 *****8.75
01-08-2003 90206 002 ***150.00
03 JAN 17 PM 1:23 F02000006159
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000006159

1. Entity Name: AZIMUTH CORPORATION OF CENTRAL FLORIDA

DO NOT WRITE IN THIS SPACE

55000263

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3600 RIO VISTA AVE.	3600 RIO VISTA AVE.
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32805 Country: USA	Zip: 32805 Country: USA

4. FEI Number: 84-0813594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

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: Judith S. Blancett — **Judith S. Blancett as its agent** — DATE: 12/26/02

(Signature of typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required for certified filing.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ALEXANDER M. MILLEY
STREET ADDRESS	3600 RIO VISTA AVE., STE A
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	VICE PRESIDENT
NAME	DAVID M. DOOLITTLE
STREET ADDRESS	3600 RIO VISTA AVE., STE A
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	ACCOUNTANT
NAME	CAROL J. CRAWFORD
STREET ADDRESS	3600 RIO VISTA AVE., STE A
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/6/03 (407) 849-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number