2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F05931 J.M. Stewart Corporation FILED 01 AUG 22 PM 3:08 Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address 2201 Cantu Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite City & State 4. FEI Number City & State Applied For avasota <u>592035829</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Service Marshall S. Harris O. Box Number is Not Acceptable) 5029 Edgewater Dr. Orlando, FL 32810 lallahassee 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 Deborah D. Skipper 8122/01 (NOTE: Registere ASS (sig Sec (612) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Vice Presiclent/Treasurar Change Addition Pamera Schaetzel Vice President/Director Delete William J. Bradner TITLE TITLE William D. Brackner 5029 Eclge winter Drive NAME NAME Canta court Suite 217 ふえらい STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando FL CITY-ST-ZIP Savaso ta 34232 Vice President/Treusurer/Pire & Delete Todd D. Thrusher 5029 Edge water Drive Orlando FL 32810 sice President/ Secretary | Change | Addition & Bill Lunsford | Drive, Suite 220 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS charlotte wc CITY-ST-ZIP CITY-ST-ZIP 28262 Secretary Marshalls. Harris TITLE 🔼 Delete TITLE 🗀 Change NAME NAME 000004560470--9 5029 Edgewater Drive STREET ADDRESS STREET ADDRESS -08/28/01--01088--017 32810 Orlando ****550.00 ****550.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 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 changed, or on an attachment with an address, with all/other like providered.

Bill Lunsferd

SIGNATURE