2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # F27760** 1. Entity Name COLUMBUS CENTER, INC. 01-27-2000 90104 031 ***150.00 Principal Place of Business Mailing Address 4625 MIDDLEBROOK ROAD 4625 MIDDLEBROOK ROAD ORLANDO FL 32811 ORLANDO FL 32811-3002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2072971 Not Applicable Zip Country Zip 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 COLUMBUS, REBECCA W Street Address (P.O. Box Number is Not Acceptable) 8630 LANSMERE LANE ORLANDO FL 32811 Zip Code 8. The above narped entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition Change TITLE ☐ Delete TITLE COLUMBUS, REBECCA W NAME NAME STREET ADDRESS 8630 LANSMERE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 0 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE COLUMBUS, EUGENE S NAME NAME 8630 LANSMERE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 0 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 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