2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27760 1. Entity Name COLUMBUS CENTER, INC.						Secretary of State 01-23-2002 90004 003 ***150.00				
Principal Place of Business 4625 MIDDLEBROOK ROAD ORLANDO FL 32811 US		Mailing Address 4625 MIDDLEBROOK ROAD ORLANDO FL 32811 US								
2. Principal Place of Business		3. Mailing Address				1 100110E 111E 11011 15011 1001E 01111		I OLDIL FICH A	()) {	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State			4.	FEI Number 59-2072971			plied For at Applicable	
Zip • ·	Country	Zip Co		ountry		Certificate of Status Desired		8.75 Add	litional	
	6. Name and Address of Current Registered Agent			Name		7. Name and Address of New Registered Agent				
8630 LAN	JS, REBECCA W SMERE LANE			Street Ac	et Address (P.O. Box Number is Not Acceptable)					
ORLANDO) FL 32811					****	FL	Zip Code	е	
Tax filing a	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.		!!! FEE 002 Fee	IS \$150.0 will be \$5	50.00	einstating) 10. Election Campaign Fina Trust Fund Contribution.			O May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP COLUMBUS, REBECCA W 8630 LANSMERE LANE ORLANDO, FL 0	DIRECTORS Delete			Αſ	DITIONS/CHANGES TO OFFIC		DIRECTORS Change	S IN 11	1000
TITLE NAME Street address City-St-Zip	D COLUMBUS, EUGENE S 8630 LANSMERE LANE ORLANDO, FL 0	☐ Delete	1]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete		ľ	***]	Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete				*****	С	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRE	:				Change	☐ Addition	

3. 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 empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/10/02 407-422-1800 Daytime Phone #