2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2002 8:00 am Secretary of State **DOCUMENT #** F32112 1. Entity Name ORANGE PARK POWERHOUSE, INC. 02-06-2002 90016 013 ***150.00 Principal Place of Business Mailing Address 611 BLANDING BLVD 611 BLANDING BLVD **UUUTIIU** ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2043177 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGE ROGER S LANGE, ROGER S Street Address (P.O. Box Number is Not Acceptable) 3275 WILDERNESS CIRCLE MIDDLEBURG FL 32068 1583 Chelsea Place City Zip Code 3 2 0 7 3 Orange Park 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 RogerrS. Lange P/D SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete P/D K Change Addition LANGE, ROGER S NAME NAME Lange, Royal 1583 Chelsea Place Park, FL 32073 Lange, Roger S. STREET ADDRESS 3275 WILDERNESS CIRCLE STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL CITY-ST-ZIP TITLE TITLE ☐ Delete 17 Change Addition NAME LANGE, SONDRA C. NAME Lange, Sondra C. Lange, Colling Place 1583 Chelsea Place Park, FL 32073 STREET ADDRESS STREET ADDRESS 3275 WILDERNESS CIRCLE CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL ☐ Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS و أَ تُوَافِينَ مِنْ أَنْ مُعَالِكُمْ مِنْ أَحْ وَأَمْلِ فِي CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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 empowered.

REQUIRISON C. Lange SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR