2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F60611 May 03, 2000 8:00 am 1. Entity Name Secretary of State GEORGE S. FENDER, CPA, P.A. 05-03-2000 90042 012 ***150.00 Principal Place of Business Mailing Address 1836 WOODWARD ST 1836 WOODWARD ST ORLANDO FL 32803 ORLANDO FL 32803-4256 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2149067 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FENDER, GEORGE S Street Address (P.O. Box Number is Not Acceptable) 1836 WOODWARD ST ORLANDO FL 32803 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE FENDER, GEORGE S NAME NAME 1836 WOODWARD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 00000 32803 ☐ Addition Change ☐ Delete TITLE TITLE FENDER, GEORGE STEVEN NAME NAME STREET ADDRESS 390 N ORANGE AVE SUITE 2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32801 ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition □ Delete NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

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

RE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-129

407-896-4961

Daytime Phoni