2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # F63197** 1. Entity Name 05-16-2001 90372 009 ***150.00 WILLIAM GORMAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 1450 GRANADA BLVD. PO BOX 420699 KISSIMMEE FL 34742 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2459345 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required ~ -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORMAN, WILLIAM S. Street Address (P.O. Box Number is Not Acceptable) 1450 GRANADA BLVD. KISSIMMEE FL 34746 Zip Code City 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 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 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition TITLE ☐ Change PTC ☐ Delete TITLE GORMAN, WILLIAM S. NAME NAME STREET ADDRESS 1450 GRANADA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 Addition ☐ Change AVP ☐ Delete TITLE TITLE GORMAN, SANDRA NAME NAME STREET ADDRESS 1450 GRANADA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE KISSIMMEE FL 34746 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered 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

SIGNATURE:

401-952-3815

FILED