2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F70766** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** DEVELOPMENTAL SERVICES, INC. 02-26-2000 90053 048 ***150.00 Principal Place of Business Mailing Address 1095 W MORSE BLVD 1095 W MORSE BLVD WINTER PARK FL 32789 **WINTER PARK FL 32789-3741** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2183624 Not Applicable Zip Country 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 BANGS, TERRY W. Street Address (P.O. Box Number is Not Acceptable) 1095 W. MORSE BLVD. WINTER PARK FL 32789 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 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE BANGS, TERRY W. NAME NAME STREET ADDRESS STREET ADDRESS 1095 W MORSE BLVD CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 ☐ Change Addition DST ☐ Delete TITLE TITLE SCHULTZ, KENNETH H. NAME NAME STREET ADDRESS STREET ADDRESS 1095 W MORSE BLVD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CJTY-ST-7IP

PEQUKenneth Schultz AME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasure Date

02/02/00

(407) 645-3211 x3\$

Daytime Phone #