2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State **DOCUMENT # F75152** 1. Entity Name GRADY W. WHITE, P.A. 05-10-2000 90085 044 ***150.00 Principal Place of Business Mailing Address % ELIZABETH T. KEGERREIS **% ELIZABETH T. KEGERREIS** 121 E. HIBISCUS BLVD. 121 E. HIBISCUS BLVD. MELBOURNE FL 32901-3102 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2248216 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 KEGERREIS, ELIZABETH T. Street Address (P.O. Box Number is Not Acceptable) 121 E. HIBISCUS BLVD. MELBOURNE FL 32901 Zip Code FL the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registe 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete WHITE, GRADY W NAME NAME STREET ADDRESS 121 E HIBISCUS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE, FL 00000** Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ---- Change Addition TITLE Delete - -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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 trostee empowered to execute this eport 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 about the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee empowered to execute this eport 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 about the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee empowered to execute this eport 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 about the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trostee.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000 321-723-3050

Daytime Phone #