2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 06, 2001 8:00 am Secretary of State G71748 DOCUMENT # 1. Entity Name 09-06-2001 90264 048 ***550 00 FISHER, RUSHMER, WERRENRATH, DICKSON, TALLEY & D Principal Place of Business Mailing Address 20 N. ORANGE AVENUE 20 N. ORANGE AVENUE **SUITE 1500 SUITE 1500** ORLANDO FL 32801-4623 ORLANDO FL 32801-4623 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 59-2340363 Not Applicable 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 ---Name FISHER, JOHN EDWIN Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVE. SUITE 1500 ORLANDO FL 32801 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE FISHER, JOHN NAME NAME **5 FIRST COURT** STREET ADDRESS STREET ADDRESS WINDERMERE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE RUSHMER, GARY H. NAME 1000 SWEETBRIAR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete WERRENRATH, REINALD, III NĀME NAME **5709 BEAR LAKE CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP ☐ Change Addition A TITLE □ Defete TITLE DICKSON, RUSSELL K., JR. NAME NAME STREET ADDRESS 1241 MAYFIELD AVE. STREET ADDRESS WINTER PARK FL CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete 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 of 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 of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the corporation of the legal effect as if made under oath; that I am an officer or director of the legal effect of the legal e of the corporation of changed, or on an