## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 22, 2002 8:00 am Secrétary of State G83797 DOCUMENT # 1. Entity Name 07-22-2002 90165 013 \*\*\*150.00 WILLIAM G. SELLERS, INC. Mailing Address Principal Place of Business 1601 COUNTRY CLUB DR. 1601 COUNTRY CLUB DR. ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2411274 Not Applicable \$8.75 Additional Zip-Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIVINGSTON, GERALD S., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 200 EAST ROBINSON STREET **SUITE 1150** ORLANDO FL 32801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signate ed when reinstation) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$559.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME SELLERS, WILLIAM G. NAME STREET ADDRESS 1601 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ 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-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corpora

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Attachmang #683777

July 19, 2002 To Whom It May Concern:

I William G. Sellers hereby notify the state of Florida that our corporation did not originally receive the Uniform Business Report.

Please find enclosed a check for one hundred and fifty dollars (\$150.00) to cover our fee.

Our federal identification number is 59-2411274.

Sincerely, wie Ar Hellen

William G. Sellers