2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # J04912 1. Entity Name BURKE & BALES/HEPY, INC. 05-03-2000 90030 008 ***150.00 Mailing Address Principal Place of Business 341 N MAITLAND AVE 341 N MAITLAND AVE SUITE 130 SUITE 130 MAITLAND FL 32751-4761 MAITLAND FL 32751 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2658694 Not Applicable Country Zip Country Zip \$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 BATTAGLIA, W. P. Street Address (P.O. Box Number is Not Acceptable) 222 W COMSTOCK AVE **STE 101** WINTER PARK FL 32789 Zio Code City FI 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE BURKE, ROBERT H., JR. NAME NAME STREET ADDRESS STREET ADDRESS 341 N MAITLAND AVE SUITE 130 CITY-ST-ZIP CITY-ST-7IP MAITLAND FL ☐ Change ■ Addition Delete TITLE DSV TITLE NAME MILLS, JERRY W. STREET ADDRESS STREET ADDRESS 341 N MAITLAND AVE STE 130 CITY-ST-7/P CITY-ST-ZIP MAITLAND FL ☐ Addition ☐ Change DV ☐ Delete TITLE NAME KING, DENNIS M. NAME STREET ADDRESS STREET ADDRESS 26913 NW HWY STE 200 CITY-ST-7IP CITY-ST-ZIP SOUTHFIELD MI ☐ Change ☐ Addition TITLE **Z** Delete NAME BALES, JAMES NAME STREET ADDRESS STREET ADDRESS 341 N.MAITLAND AVE STE 130 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL Change ☐ Addition ☐ Delete TITLE PIRSCHER, CARL NAME STREET ADDRESS STREET ADDRESS 26913 NW HWY STE 200 CITY-ST-ZIP CITY-ST-ZIE SOUTHFIELD MI Change ☐ Addition ☐ Delete TITLE TITLE NAME. NAME

13. I hereby certify that the information supplied with this filing toos 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 ar fusible empowered of 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 accuracy in the repowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100 407.629.4511

te Daytime Phone: