## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # J13380** 1. Entity Name MCEWAN, MARTINEZ, LUFF, DUKES AND RUFFIER, P.A. -28-2001 90077 031 \*\*\*150.00 Principal Place of Business Mailing Address 108 EAST CENTRAL BLVD. 108 EAST CENTRAL BLVD. ORLANDO FL 32801 ORLANDO FL 32801 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 59-2668632 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCEWAN, JOHN S., II Street Address (P.O. Box Number is Not Acceptable) 108 EAST CENTRAL BLVD. ORLANDO FL 32801 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 (NOTE: Registered Agent signature required whom 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, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) D TITLE Change ■ Addition TITLE □ Delete DUKES, THOMAS E. NAME NAME STREET ADORESS STREET ADDRESS 210 E. COPELAND DRIVE CITY-ST-ZIP CHTY-ST-ZIP ORLANDO FL ☐ Delete Change Addition TITLE MCEWAN, JOHN S., II NAME STREET ADDRESS STREET ADDRESS 1321 WILKINSON ST CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete Change Addition TITLE MARTINEZ, RAFAEL E. NAME NAME STREET ADDRESS STREET ADDRESS 1115 WOODLAND ST CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Addition STD Delete TITLE Change TITLE NAME LUFF, H. DAVID NAME STREET ADDRESS STREET ADDRESS 2510 FORREST CLUB DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change ☐ Addition TITLE RUFFIER, WILLIAM MAME NAME STREET ADDRESS 1716 REPPARD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change Addition TITLE

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 trustee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

407-423-8571

Daytime Phone