FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # J27799 **Secretary of State** 1. Entity Name 02-11-2002 90136 034 ***150.00 REIDI LOTT, INC. Principal Place of Business Mailing Address 1855 WEST S.R. 434 1855 WEST S.R. 434 SUITE 200 SUITE 200 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2690238 Not Applicable Zip 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 MORSE KEN Street Address (P.O. Box Number is Not Acceptable) **501 N MAGNOLIA AVENUE** SUITE A 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. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) Change ☐ Addition Delete TITLE TITLE **PST** NAMÈ* NAME LOTT, REIDI C. STREET ADDRESS STREET ADDRESS 1364 S RIDGE LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition D NAME NAME LOTT, REIDI C. STREET ADDRESS STREET ADDRESS 1364 S RIDGE LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIF LONGWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

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