FILED Apr 25, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT# J5281 LIN, HAMLIN & SCOTT, P.A			04-25-2003 90203 03		
Principal Place of Business 1051 WINDERLY PL STE 100 MAITLAND FL 32751 US 2. Principal Place of Business		Mailing Address 1051 WINDERLY PL STE 100 MAITLAND FL 32751 US 3. Mailing Address		11014767		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2758698	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent	
	IN, FRANK IDERLEY PLACE			treet Address (P.O. Box Number is Not Acceptable)		
MAITLAND FL 32751			City	City FL Zip Code		
Afte	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		TE: Registered Agent signature require	DATE DATE DATE S. Election Campaign Financing - Trust Fund Contribution.		0 May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERLIN, FRANK 1051 WINDERLY PL STE 100 MAITLAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMLIN, J. RUSSEL 1051 WINDERLY PL STE 100 MAITLAND FL	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DEREK-W 1051 WINDERLY PL STE 100	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAITLAND FL	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REPARKED ander SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

407-875-1313 Daytime Phone #