2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J53917 May 17, 2000 8:00 am 1. Entity Name Secretary of State WEST ORANGE INVESTMENTS LTD., INC. 05-17-2000 90914 003 ***150.00 Principal Place of Business 6318 DEACON CIR 6318 DEACON CIR WINDERMERE FL 34786 KINDERMERE FL 34786-8938 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2760426 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 MCLANE, JOHN L, JR. Street Address (P.O. Box Number is Not Acceptable) 6318 DEACON CIR WINDERMERE FL 34786 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. П 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 12 11. Addition PTD ☐ Change TITLE ☐ Delete MCLANE, JOHN L. JR. NAME NAME STREET ADDRESS STREET ADDRESS 6318 DEACON CIR CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL Change Addition ☐ Delete TITLE TITLE WARNER, WALLACE J. NAME NAME STREET ADDRESS 3428 S LAKE BUTLER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP windermere fl ☐ 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 ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

OHN L. WELANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR