## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # K52159** 1. Entity Name WE ARE AS WE THINK, INC. 05-11-2001 90114 019 \*\*\*150.00 Mailing Address Principal Place of Business % GORDON H. HARRIS % GORDON H. HARRIS 201 EAST PINE ST #1200 201 EAST PINE ST #1200 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 301 E. PINE ST #1400 3. Mailing Address P.O Box 3068 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ORLANDO Applied For City & State 4. FE! Number 59-2922850 Not Applicable Zip \$8.75 Additional Country 32802 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARIS, GORDON H. Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET **SUITE 1200** #1400 ORLANDO FL 32801 rpose of changing its registered office or registered agent, or both, in the State of Florida. mits this statemen 8. The above named entity s SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Change **PST** TITLE ☐ Delete TITLE 301 E. PINE ST. # 1400 ORLANO, FL 32801 NAME HARRIS, GORDON H. NAME STREET ADDRESS STREET ADDRESS 201 E. PINE ST. #1200 CITY-ST-ZiP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE HARRIS, GORDON H. NAME NAME 301 E. PINE ST \$1400 ORLANDO FL 32801 STREET ADDRESS STREET ADDRESS 201 E. PINE ST. #1200 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 suppliemental 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 emportment 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.

SIGNATURE: SIGNATURE AND PRICE OF PRIVATE OF RIGHTING OFFICER OR DIRECT

426/01 407/843.888