2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K83523** Apr 23, 2001 8:00 am Secretary of State 1. Entity Name EGAL OF CENTRAL FLORIDA, INC. 04-23-2001 90113 022 ***150.00 Principal Place of Business Mailing Address 690 enterprise RD. P.O. BOX 4014 OSTEEN FL 32764 ENTERPRISE FL 32725 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 59-2947098 Not Applicable Zip Country Zip Country \$8.75 Additional \Box 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNS, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 1900 E. ROBINSON AVE. ORLANDO FL 32803 Zip Code City 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 it 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Addition TITLE Change TITLE ☐ Delete BURNS, ROBERT W. NAME NAME STREET ADDRESS 690 ENERPRISE RD. STREET ADDRESS CITY-ST-ZIP **OSTEEN FL** CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE BURNS, LAURA K. NAME 690 ENTERPRISE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OSTEEN FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE *;*; TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

ROB
SIGNATURE AND REPORT HINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Burns

3/28/01

Daytime Phone #