FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am Secretary of State DOCUMENT # _63075 1. Entity Name 07-15-2002 90184 025 ***150.00 BARRY LLOYD ORNSTEIN P.A. Principal Place of Business Mailing Address DU140130 624 WILLOWOOD COURT 624 WILLOWOOD COURT ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 00 S. JONES BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3001889 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORNSTEIN, BARRY LLOYD Street Address (P.O. Box Number is Not Acceptable) 624 WILLOWOOD COURT **ALTAMONTE SPRINGS FL 32714** 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 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 September 13, 2002 Fee will be \$750.00 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 TITLE ☐ Delete ☐ Addition ☐ Change NAME ORNSTEIN, BARRY LLOYD NAME STREET ADDRESS 624 WILLOWOOD COURT STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-7IP TITLE Delete TITLE 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 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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

THEORY ORNSTEIN 7-5-07 407-808

changed, or on an attachment with an address,

AH Schmat (6307) July 5, 2002 Dear Sir or Madam, Please be informed that I. did not receive the original bill, Due to family move the past office has had problems forwarding my mael. If you would kindly check My records you will notice I have never been late with my payments your kind consideration in this matter will be greatly appreciated. Thank you. yours Truly, Buy Strengt Outer 1.4 FE1 # 59-3001889 4400 So. Jones Blid. Las Vegas, NU 89103 Apt #1040 phone # 702-876-8222 cell # 407-808-9821