2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L81596** Jan 12, 2000 8:00 am **Secretary of State** STORCH, HANSEN & MORRIS, P.A. 01-12-2000 90062 007 ***150.00 Mailing Address Principal Place of Business C/O GLENN D. STORCH C/O GLENN D. STORCH 1620 SO. CLYDE MORRIS BLVD.. SUITE 300 1620 SO. CLYDE MORRIS BLVD., SUITE 300 DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32114-4514 3. Mailing Address 2. Principal Place of Business 4ad South Nova 4AD SOUTH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3030397 Not Applicable \$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 STORCH, GLENN D. Street Address (RO. Fox Number is Not Acceptable) 1620 SOUTH CLYDE MORRIS BLVD. SUITE 300 DAYTONA BEACH FL 32119 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits (SIGNATURE Signature, typed or printed name of registered agent and title if applica (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE STORCH, GLENN D. NAME NAME 420 South Nova Road STREET ADDRESS 1620 S.CLYDE MORRIS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL VD ☐ Addition ☐ Delete TITLE HANSEN, MARY D. NAME NAME 420 South Nova Road 1620 S.CLYDE MORRIS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition TITLE Delete . TITLE MORRIS, JAMES, S NAME NAME 1620 S CLYDE MORRIS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Addition TITLE ☐ Delete TITLE HINZMAN, LESLIE NAME NAME 1620 S. CLYDE MORRIS BLVD #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR