2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L84348** May 04, 2000 8:00 am 1. Entity Name Secretary of State WEATHERLY INVESTMENTS, INC. 05-04-2000 90140 024 ***150.00 Mailing Address Principal Place of Business P.O. BOX 2998 1112 WASHINGTON AVE 1112 WASHINGTON AVE WINTER PARK FL 32789 WINTER PARK FL 32790-2998 2. Principal Place of Business 3. Mailing Address P.O. BOX 204 QUAYSIDE CIR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc/ #102 Applied For City & State City & State 4. FEI Number 59-3025524 Not Applicable MAITLAND \$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 RAY, KEITH 1112 WASHINGTON AVE WINTER PARK FL 32789-2657 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. tered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its latangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PTD " Addition TITLE TITLE Delete RAY, KEVTH 204 QUAYSIDE CIR., #102 RAY, KEITH NAME 1112 WASHINGTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL VSD Change TITLE TITLE ☐ Delete KLEINMAN, EDWARD J. KLEINMAN, EDWARD J NAME NAME 653 SABAL LAKE DR., #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De Daylime Phone #

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