2002 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2002 8:00 am Secretary of State DOCUMENT # L85287 1. Entity Name 04-28-2002 90789 020 ***150.00 ADMIN. 2000, INC. Principal Place of Business Mailing Address 780 DELTONA BLVD., STE,201 780 DELTONA BLVD., STE.201 **DELTONA FL 32725 DELTONA FL 32725** US 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 59-3016199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAULT, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 95 WENTWOOD DR. DEBARY FL 32715 City Zip Code 8. The above name antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 *ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME NAULT, JOSEPH ---NAME STREET ADDRESS 95 WENTWOOD DR. STREET ADDRESS CITY-ST-ZIP DEBRAY FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAULT, SHARON A NAME STREET ADDRESS 95 WENTWOOD DR. STREET ADDRESS CITY-ST-ZIP DEBRAY FL 32713 CITY-ST-ZIP TITLE ☐ Delete 🗻 TITLE ☐ Change ☐ Addition NAME ANDERSON, WILLIAM A NAME STREET ADDRESS 5824 OAKS AVE-STREET ADDRESS CITY-ST-ZIP SUPERIOR WI CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME SCHNETZER, DEBORAH STREET ADDRESS 5598 BUNKY WAY STREET ADDRESS CITY-ST-ZIP **DUNWOODY GA 30338** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAULT, MARC NAME STREET ADDRESS 8787 SOUTHSIDE BV AP 2610 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition NAME TILLS, JAMES J NAME STREET ADDRESS 91 WENTWOOD DRIVE STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-7IP

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.

13. Thereby 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

386-860-4888

FILED