FILED

407-648-9119

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # L9900003884 01-23-2002 90051 040 ****50.00 WRIGHT, RAILEY & HARDING, LLC Principal Place of Business Mailing Address 2716 REW CIRCLE, SUITE 102 2716 REW CIRCLE, SUITE 102 OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address <u> 20 N. Eola Drive</u> <u> 20 N. Eola Drive</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3585183 Not Applicable Orlando Orlando Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 32801 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARDING, ROBERT L ESQ Street Address (P.O. Box Number is Not Acceptable) 20 N. EOLA DRIVE ORLANDO FL 32801 City Zip Code FL 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM ☐ Addition Change TITLE ☐ Delete TITLE HARDING, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS 20 N EOLA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 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-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver attracted empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE