FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # M75815 1. Entity Name 04-09-2002 90006 024 ***150.00 WILEY AND SIEGEL, INC. Principal Place of Business Mailing Address 2724 S ORLANDO AVE 2724 S ORLANDO AVE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address 24015 French Aus 2401 J. Franch Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2882667 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 WILEY, SHELBY W. Street Address (P.O. Box Number is Not Acceptable) 10613 ABINGDON CHASE ORLANDO FL 32817 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITI F ☐ Delete NAME NAME WILEY, SHELBY W. STREET ADDRESS 10613 ADINGDON CHASE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE Change **VSTD** NAME SIEGEL, RANDAL L. NAME STREET ADDRESS STREET ADDRESS 416 SOFT SHADOW LN CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.