2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # NO000000 4531 Mar 21, 2001 8:00 am Secretary of State Disability Rights, Inc. 03-21-2001 90028 014 ****61.25 al Place of Business 815 Middle River DR. 815, middle River DR Principal Place of Business Unit 108 Ft. Lauderdalo, FL Fort Lauderdal, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$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 Name George L. Moxon, Esq. 7350 NE 3rd Avenue Street Address (P.O. Box Number is Not Acceptable) Ft. Lauderdalv, FL 33304 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 11 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to \$5.00 May Be Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition Carlisle E. Wilson 815 Middle River Driv, Unit 108 Director TITLE NAME NAME STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33304 CITY-ST-ZIP CITY-ST-ZIP Catherine E. Wilson Delete Catherine E. Wilson DR, Unit 108 DRECTOR TITLE^{*} Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ft. Läuderdale, FL-33304 CITY-ST-ZIP CITY-ST-ZIP George L. Moxon, Esp. Change ☐ Addition TITLE TITLE 7350 NE 3rd Avenuel NAME NAME F+ Laudesdale, FL 33304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Director ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 3.13.01

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR