2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE:

FILED DOCUMENT # **N06254** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSE 04-20-2000 90060 038 ****61.25 Principal Place of Business Mailing Address 3175 LK ANDERSON AVE 3175 LK ANDERSON AVE C/O JOAN E. RAY C/O JOAN E. RAY ORLANDO FL 32812-6660 ORLANDO FL 32812 2. Principal Place of Business 3. Mailing Address 1038 rebble Beach Jame Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2396067 Not Applicable 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 Via YisdeLl Street Address IP.O. Box Number is Not Acceptable) RAY, JOAN E 3175 LK ANDERSON AVENUE Beach C/O JOAN E. RAY City 35°406 ORLANDO FL 32812 Dur B 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) d or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DΡ Change Addition PD X Defete TITLE TITLE yrvia Tisaele RAY, JOAN E NAME NAME 1038 Pebble Beach Cn. E. STREET ADDRESS 3175 LK ANDERSON AVENUE STREET ADDRESS winter Jacin p. 71. 22708 CITY-ST-ZIP CiTY-ST-ZIP ORLANDO FL 32812 Delete Change Change ■ Addition TD TITLE TITLE erie Gabshaw WRIGHT, PEGGY NAME NAME 633 San Remo PL STREET ADDRESS STREET ADDRESS 110 OAK VIEW CIRCLE Y1.32835 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 34746 Change Addition SD Delete TITLE TITLE NAME NAME DUFFIELD, PAT 39145 nar borough C+ STREET ADDRESS STREET ADDRESS 3068 BAYTREE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Change ■ Addition **EVP** Delete TITLE TITLE LOGVIN, MARY NAME NAME 33i STREET ADDRESS STREET ADDRESS 2628 HOMEWOOD DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 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 indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to

Date