2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90137 020 ****61.25

DOCUMENT # N97000003283

1. Entity Name
RESPOND, INC.

20028194

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
2411 JERGENSEN DR ORLANDO, FL 32801	PO BOX 608608 ORLANDO, FL 32860

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 607608 Suite, Apt. #, etc.
City & State	City & State Orlando
Zip / Country	Zip / Country FL 32860

4. FEI Number **59-3456635** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, SUSAN J PA 5200 S US HWY 17-92 CASSELBERRY, FL FL327-12	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, CLINT S 2411 JERGENSON DR ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BAUM, TERRY D 2411 JERGENSEN DR ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PAYNE, STEPHANIE 2411 JERGENSEN DR ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ANGIE 2411 JERGENSEN DR ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, CHARLES 2411 JERGENSEN DR ~~ORLANDO FL 32801~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, DAMON 2411 JERGENSEN DR ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: _____ 3-15-03 (407) 831 8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #