FILED

2003 FOR PROFIT CORPORATION

Apr 23, 2003 8:00 am g Secretary of State UNIFORM BUSINESS REPORT (UBR) P00000003865 DOCUMENT # 04-23-2003 90117 046 ***150.00 1. Entity Name MT. VERNON PROPERTY HOLDING CORP. Principal Place of Business Mailing Address 1710 LEE ROAD 1710 LEE ROAD There is a ORLANDO FL 32810 ORLANDO FL 32810 . Mailing Address 2311 Mt. Vernon Street 2. Principal Place of Business 2311 Mt. Vernon Street Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State Orlando, Florida 4. FEI Number 59-3619807 Orlando, Florida Not Applicable Zip Country USA Country Zip 32803 \$8.75 Additional 5. Certificate of Status Desired 32803 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Philip F. Keidaish, Jr. **B&C CORPORATE SERVICES OF CENTRAL FLA. INC** Street Address (P.O. Box Number is Not Acceptable) **505 Wekiva Springs Road**, 390 N. ORANGE AVENUE **SUITE 1100** Suite 800 ORLANDO FL 32801 Longwood ^Z32779 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. Philip F. Keidaish, Jr SIGNATURE gent signature required when reinstating) nt and title if applicable. (NOTE: Registere printed name of registered as FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE **PSTD** JANNEY, ALFRED C NAME NAME McKinney, Timothy J. STREET ADDRESS 1710 LEE ROAD STREET ADDRESS 2311 Mt. Vernon Street ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32803 TITLE ☐ Delete TITLE Change Addition 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 ☐ Delete TITLE ☐ Addition TITLE ☐ Change 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-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #