2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am § Secretary of State **DOCUMENT #** P00000061663 1. Entity Name 05-06-2002 90209 023 ***150.00 BAKER-ROYCE MANAGEMENT & INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 9023 GIBRALTER STREET 9023 GIBRALTER STREET SPRINGHILL FL 34608 SPRINGHILL FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3668693 Not Applicable Zip Country Zip 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 ROSANDER, MARK Street Address (P.O. Box Number is Not Acceptable) 9023 GIBRALTER STREET SPRINGHILL FL 34608 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Addition ☐ Change NAME ROSANDER, MARK NAME STREET ADDRESS 9023 GIBRALTER STREET STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34608 CITY-ST-ZIP TITLE ☐ Delete TITHE ☐ Change ☐ Addition NAME ROSANDER, CHRISTINE NAME STREET ADDRESS 9023 GIBRALTER STREET STREET ADDRESS CITY-ST-ZIP Springhill FL 34608 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Chanter 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.

SIGNATURE:

FILED