2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P0000062555 PATRICK M. BURNS, CPA, PA 03-14-2001 90486 046 ***150.00 Principal Place of Business Mailing Address 1516 E HILLCREST ST. SUITE 307 1516 E HILLCREST ST. SUITE 307 ORLANDO FL 32803 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3633595 Not Applicable 5. Certificate of Status Desired ** \$8.75 Additional Zip Country Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNS, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 1516 E HILLCREST ST. SUITE 307 ORLANDO FL 32803 Zin Code City 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!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change n TITLE 1, P, W. S, 5 ☐ Delete TITLE **BURNS, PATRICK M** NAME NAME 455 STONEWOOD LANG MASTANNI FE 32751 STREET ADDRESS STREET ADDRESS 1425 FERRIS AVE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32803 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Chapter 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #