2002 UNIFORM BUSINESS REPORT (UBR) FILFD DOCUMENT # P00000072337 FILED 1. Entity Name Jul 26, 2002 8:00 A.M. TRUE REFLECTIONS, INC. **Secretary of State** Principal Place of Business Mailing Address 1146 WINDER WYCKE CT. 1146 WINDER WYCKE CT. " ' ' ' ' 4 () WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 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 06-1538851 Not Applicable Country 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 DE BLAU MARLENE P Street Address (P.O. Box Number is Not Acceptable) 1146 WINDER WYCKE CT. WINTER SPRINGS FL 32708 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be 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 12. TITLE ☐ Delete ☐ Change ☐ Addition DE BLAU, JOHN W PRES. NAME NAME 600006855076 1146 WINDERWYCKE CT STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 -08/01/02--01047--021 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.1 TITLE ☐ Delete NAME DE BLAU, MARLENE P SEC/TRE NAME STREET ADDRESS 1146 WINDERWYCKE CT STREET ADDRESS CITY-ST-7IP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP+ TTLE ☐ Delete TITLE Change ☐ Addition NAME NAME 600006855076 STREET ADDRESS STREET ADDRESS -08/01/02--01047--022 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*150\_0 Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7P CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 of 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.

y 7/30/02

Attachment a 1640

1146 Winderwycke Court ~ Winter Springs, Fl. 32708 ~ USA Phone 407-388-0617 ~ Fax 407-388-0617

FEI # 06-1538851

#P0U000072337

July 08, 2002

Division of Corporations Uniform Business Report Filing PO Box 1500 Tallahassee, FL 32302

Dear Sir/Madam,...

We are filing our Uniform Business Report at this time, because this is the first note we have received regarding payment of this.

- We wish to request you to waive the late fee, because we never got a notice prior to this, received on 7/02/02.

Enclosed is our check for \$150 and this letter, as stated in your instructions, as well as the filled in form.

Sincerely,

Marlene P. Deblau Secretary-Treasurer

Enc: 1 - Filing UBR