FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P0000075703 FAIR OAKS TRADING, INC. 04-18-2001 90012 019 ***150.00 Principal Place of Business Mailing Address 703 FAIR OAKS LANE 703 FAIR OAKS LANE MAITLAND FL 32751 MAITLAND FL 32751 948481 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 Not Applicable Zip 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 WOODS, JONATHAN D ESQ. Street Address (P.O. Box Number is Not Acceptable) 15 WEST CHURCH STREET SUITE 201 ORLANDO FL 32801 Zip 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 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 \$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 OFFICERS AND DIRECTORS 11. 12. RUBS (DENT AND SECRETARY Change CR2E034 (10/00) TITLE ☐ Delete NAME NAME WILLIAM S. STREET ADDRESS STREET ADDRESS 703 FAIR OAKS LAMB MAITLAND, FLORIDA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change REA CUREN NAME NAME JAME L. MILLATLEN STREET ADDRESS STREET ADDRESS 708 FA-INLOAKS LAMS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change 🖰 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an

SIGNATURE:

with all other like empowered.

4/10/01