FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am³ Secretary of State DOCUMENT # P00000082476 1. Entity Name 05-22-2002 90097 038 ***158.75 MILAN 3, INC. Principal Place of Business Mailing Address 2521 ROAT DRIVE 2521 ROAT DRIVE HIIIIIoor ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address 10658 Emerald Chase DO NOT WRITE IN THIS SPACE State City & State 4. FEI Number Applied For 59-3674392 Not Applicable \$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 **G&L AGENT SERVICES, INC.** Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVENUE SUITE 600 ORLANDO FL 32801 Zip Code City FI 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. 4/29/2002 (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, 2002 Fee will be \$550.00 Trust Fund Contribution П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MR. ☐ Delete TITLE ☐ Addition ☐ Change NAME TAYLOR, ERIC NAME STREET ADDRESS 2521 ROAT DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE MRS. ☐ Delete TITLE ☐ Addition NAME TAYLOR, B.J. NAME STREET ADDRESS 2521 ROAT DRIVE STREET ADDRESS CITY-ST-7IP ORLANDO FL 32835 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MR. NAME KING, EDMOND STREET ADDRESS 2521 ROAT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition

(9/01)CR2E034