2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P00000083308 1. Entity Name 123 CORPORATION 04-06-2001 90005 036 ***150.00 Principal Place of Business Mailing Address 7415 S. A1A #208 7415 S. A1A #208 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FFI Number Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHENBERG, JACK Street Address (P.O. Box Number is Not Acceptable) 300 ANSIN ROAD ROCKLEDGE FL 32955 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 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE ROTHENBERG, JACK NAME STREET ADDRESS STREET ADDRESS 7415 S. A1A #208 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Delete ☐ Addition TITLE PINTA, RONALD J NAME NAME STREET ADDRESS 1242 E RIDGEWOOD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition TITLE -- . - -- Change - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 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 TITLE ☐ Delete Addition 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 attack ment with an address, with all other like empowered.

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CITY-ST-7IP

RONALD J. PINTA 4-02-01