2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 09, 2001 8:00 am Secretary of State DOCUMENT # P00000088829 1. Entity Name ACCU-PROCESS SERVICE, INC. 01-09-2001 90023 050 ***150.00 Mailing Address Principal Place of Business 11241 WILLOW GARDENS DRIVE 11241 WILLOW GARDENS DRIVE WINDERMERE FL 34786 WINDERMERE FL 34786 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 36 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent-Name CLARK, DANIEL Street Address (P.O. Box Number is Not Acceptable) 11241 WILLOW GARDENS DRIVE WINDERMERE FL 34786 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) ☐ Addition ☐ Change **PST** ☐ Delete TITLE TITLE NAME NAME CLARK, DANIEL STREET ADDRESS STREET ADDRESS 11241 WILLOW GARDENS DRIVE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme

SIGNATURE:

876-0708