2001, UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P00000110861 1. Entity Name CENSEO CORPORATION 03-12-2001 90466 009 ***150.00 Principal Place of Business Mailing Address 1850 LEE ROAD SUITE 135 1850 LEE ROAD SUITE 135 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 7in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAZAZIS, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1850 LEE ROAD SUITE 135 WINTER PARK FL 32789 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. President Addition TITLE ☐ Delete TITLE Ronald H. Gross NAME NAME 8716 Fernwicke Ct. STREET ADDRESS STREET ADDRESS Orlando, FL 32819 CITY-ST-ZIP CITY-ST-ZIP VICE president/Treasurer Addition Change ☐ Delete TITLE TITLE. carla Hiagins NAME NAME 219 buncan STREET ADDRESS STREET ADDRESS 32779 Longwood, FL CITY-ST-ZIP CITY-ST-7IP VICE-PRESIDENT/ secretary Delete ---TITLE -Addition TITLE Michael J. Kazazis NAME NAME 459 Longmeadow Lane STREET ADDRESS STREET ADDRESS Longwood FL 32779 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change VICE preside Delete TITI F TITLE Jim Higgins NAME NAME 219 Buncan Trail STREET ADDRESS STREET ADDRESS ongwood, FL 32779 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME Dikesh Chokshi NAME 1030 Trout Creek CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

E AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR