2002 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2002 8:00 am Secretary of State DOCUMENT # P01000010977 PHAN & ASSOCIATES, INC. 07-25-2002 90127 012 ***550.00 Principal Place of Business Mailing Address 730 N MILLS AVENUE 730 N MILLS AVENUE ORLANDO FL 32803 ORLANDO FL 32803 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 59-3530934 Not Applicable Zip Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHAN, DANNY D Street Address (P.O. Box Number is Not Acceptable) 730 N MILLS AVENUE ORLANDO FL 32803 City Zip Code 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. I am familiar with, and accept **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! PÉE IS \$550.00 Tax filing requirement and elects to do so. After September 13,/2002 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. A Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Delete TITLE PHAN, DANNY D Change ☐ Addition NAME STREET ADDRESS 1940 WESTPOINTE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition

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

CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-7/P

INING OFFICER OR DIRECTOR

DANNY D. P.D. 7-15-0> 407-438-0388

FILED