(Sh2)

539-9270

SIGNATURE: July

| 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)                   |  |  |   |                    |   | FILED<br>Apr 21, 2003 8:00 am          |   |   |                             |  |
|---|--|--|---|--------------------|---|--|---|---|-----------------------------|--|
| DOCUMENT # P0100035398  1. Entity Name FLORIDA ENERGY LOAN PROGRAM, INC.    |  |  | 3   |                    | Secretary of State 04-21-2003 90399 038 ***150.00 |  |   |   |                             |  |
| , 20, 110, 1  |  |  |   |                    |   |  |   |   |                             |  |
| Principal Place of Business<br>12154 80TH AVENUE NORTH<br>SEMINOLE FL 33772 |  |  | Mailing Address<br>12154 80TH AVENUE NORTH<br>SEMINOLE FL 33772 |                    | ]<br> <br>  |  | i <b>20</b> 111 <b>20</b> 111 <b>2011</b> 1 | (( <b>)                                  </b> | 8181 (111 LEB)              |  |
| 2. Principal F  | Place of Business  | 3. Mailing Address   | 3   |                    |   |  |   |   |                             |  |
| Suite, Apt  | . #, etc.  | Suite, Apt. #, etc   | Suite, Apt. #, etc.   |                    |   | ☐ CHECK HERE IF MAKING CHANGES         |   |   |                             |  |
| City & Sta  | te   | City & State   |   |                    | 4. FEI Numi                                       | per NOT APP                            | LICABLE                                     | <b>├</b>                                      | pplied For<br>at Applicable |  |
| Zip   | Country  | Zip  | Country   | у                  | 5. Certificat                                     | e of Status Desire                     | d $\square$                                 | \$8.75 Add                                    | litional                    |  |
|   | 6. Name and Address of   | Current Registered Agent   | 1   |                    | 7. Name an  | d Address of Ne                        | w Registered                                |   | · · ·                       |  |
| 8000 SAII   | AMUEL B<br>LBOAT KEY BOULEVARD<br>ASADENA FL 33707   | #206   | ·   | 1215               | P.O. Box Numb                                     | Samuel<br>per is Not Accepte<br>11     | enue  | North   |                             |  |
|   | e named entity submits this stations of registered agent.  Signature, typed of printed name of registered na | tement for the purpose of chan-  | and.  | office or register | ed agent, or be                                   | oth, in the State of                   | Florida. I am                               | Zip Code                                      | ムフ                          |  |
| Afte  | ILE NOW!!! FEE IS \$15<br>r May 1, 2003 Fee will be s<br>k Payable to Florida Depar  | 5550.00  | . •   | . •                |   | lection Campaign<br>rust Fund Contribi |   |   | O May Be<br>to Fees         |  |
| 10.   |  | ERS AND DIRECTORS  | 11.   |                    | ADDITIONS   | CHANGES TO C                           | OFFICERS AN                                 | D DIRECTORS                                   | S IN 11                     |  |
| TITLE   | D  | Delet  | te TITLE  | (C)                | 017   | 6 1                                    | B   | Change  | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | CARLI, SAMUEL B<br>8000 SAILBOAT KEY BLV<br>SOUTH PASADENA FL 3  | /D. #206   | NAME  | ADDRESS VA         | 177 0   | Samuel<br>1074 Au<br>FL 3              | mue N                                       | orth  | ··                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | D<br>CARLI, JUDY S<br>6542 POST OAK DRIVE<br>WEST BLOOMFIELD MI 4  | □ Delet  | NAME  | ADDRESS            |   | •                                      | ·   | ☐ Change                                      | ☐ Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | D<br>CARLI, MATTHEW D<br>6542 POST OAK DRIVE<br>WEST BLOOMFIELD MI 4   | □ Delet  | NAME  | ADDRESS<br>T-ZIP   | - E   |  | F + .                                       | ☐ Change                                      | ☐ Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | D<br>Carli, Sara R<br>6542 Post Oak Drive<br>West Bloomfield Mi 4  | □ Delet  | NAME  | ADDRESS<br>T-ZIP   |   | ,                                      |   | ☐ Change                                      | ☐ Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | D<br>Carli, Gianni M<br>6542 Post Oak Drive<br>West Bloomfield Mi 4  | ☐ Delet  | NAME  | ADDRESS<br>T-ZIP   |   |  |   | ☐ Change                                      | Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | , , ,  | ☐ Delet  | NAME  | ADDRESS<br>1- ZIP  |   |  |   | ☐ Change                                      | ☐ Addition                  |  |
| indicated<br>of the cor   | on this report or supplemental poration or the receiver or trus  | olied with this filing does not qu<br>I report is true and accurate and<br>tee empowered to execute this<br>ddress, with all other like empo | d that my signatur<br>report as required                        | e shall have the s | same legal effe                                   | ct as if made und                      | er oath; that I<br>ame appears i            | am an officer o                               | or director                 |  |