FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

OT TOURS AND DIRECTORS SEED TO THE PROPERTY OF	1. Entity Name	# POLOOD	0 6 5 5 5 5 D HOMESERVICE:	s, TK.	· •	00876 015 ***158.75	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ORLANDO FL City & State ORLANDO FL Size 28 Country Size 3737614 Applied For Not Applicable Fee Required Fee Required Fee Required Name KEITH LAMONT WHITE Street Address (P.O. Box, Number is Not Acceptable) R ORIVE City Orlando FL Size 2828 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 Signatu				PACE			
Suite, Apt. #, etc. Suite, Ap							
ORLANDO FL ORLANDO, FL 59-3737614 Not Applicable 32828	Suite, Apt. ≠, etc. Suite, Apt.			01,011	DO NOT WRITE IN THIS SPACE		
To Note and Address of Current Registered Agent Name KEITH LA MONT WHITE Street Address (P.D. Box Number is Not Acceptable) City Onlando FL Zig Code 28 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 Signature, typed or prined name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remotating) DATE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) Marke Check Payable to Department of State) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Marke Check Payable to Department of State)	ORLANDO FL				59-3737614		
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Street Address (P.O. Box, Number is Not Acceptable) R DRIVE City Orlando FL Zin Code 28 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS	PO NOT WRITE				L		
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1; Fee is \$550.09 Amanded UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS	SIGNATURE Signature, typed	or printed name of registered agent an	id tille if applicable. (NOTE	E: Registered Agent signature required	J when reinstating)	ATE	
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	11.	OFFICERS AND D		THE PERSON OF TH	N		

TITLE KEITH L. WHITE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32878 CITY ST-ZIP TITLE TITLE Shavonie Baltimore 717 WHITE RIVER DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32828 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NO. 4 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST ZIP TITLE THILE? 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 attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Daytime Phone #

CR2E034B (12/01)