JUN-07-2002 FRI 11:55 AM FAX NO.

FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90352 021 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086226

1. Entity Name
POSCOR CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10816 Boca Pointe Drive	10816 Boca Pointe Drive
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32836 Country: USA	Zip: 32836 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3678514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
537 East Park Avenue
City: Tallahassee FL Zip Code: 32301

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended 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

TITLE	PTSD
NAME	Robert A. Posniak
STREET ADDRESS	10816 Boca Pointe Drive
CITY ST ZIP	Orlando, Florida 32836

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert A. Posniak, President Jun 17, 2002 321-297-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #