2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am § Secretary of State DOCUMENT # P01000120191 1. Entity Name BIRCH WOOD PARK, INC. 05-07-2002 90216 014 ***150 00 Principal Place of Business Mailing Address 1977 DUNDEE DR. PO BOX 4961 WINTER PARK FL 32792 ORLANDO FL 32802-4961 2. Principal Place of Business 3. Mailing Address 1977 Dundee Drive Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 0006215 City & State Winter Park, FL Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 32792 5. Certificate of Status Desired П Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A & S Development, Inc. B&C CORPORATE SERVICES OF CENTRAL FLORIDA. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., STE. 110 ORLANDO FL 32801 City Zip 22792 Winter Park 8. The above named entity the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/29/02 Shane Acevedo SIGNATURE Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition ACEVEDO, SHANE L NAME NAME 1977 DUNDEE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WINTER PARK FL 32792** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SHEPHERD, THOMAS H NAME NAME STREET ADDRESS 1977 DUNDEE DR. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE: Share I Acevedo Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment