FILED

2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000004092 DOCUMENT # 04-21-2003 90490 013 ***150.00 PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC. Principal Place of Business Mailing Address 2074 WENTHWORTH CIR. PO BOX 160785 APOPKA FL 32703 ALTAMONTE SPRINGS FL 32716-0785 2. Principal Place of Business 6955 HANGING Moss Re 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For ′52**9**050 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR ANGING MOSS MIAMI FL 33145 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 the obligations of register SIGNATURE Signature, typed or print E: Registered Agent signature required when reinstating) gistered agent ar title if applicable FILE NOW!!! FEE(IS \$1\$0.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ABAD, DANIEL A NAME NAME 2074 WENTHWORTH CIR. STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.