## Apr 10, 2003 8:00 am Secretary of State

2003	<b>FOR</b>	<b>PROFIT</b>	<b>CORPO</b>	RATION
<b>JNIFO</b>	RM B	USINES	S REPO	RT (UBR)

P02000015271 DOCUMENT # 04-10-2003 90089 023 \*\*\*150.00 CARRANZA, COWHEARD, VEGA & FREELY (ORLANDO), P.A. Principal Place of Business Mailing Address 237 SOUTH WESTMONTE DRIVE 237 SOUTH WESTMONTE DRIVE SUITE 315 SHITE 315 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-0583558 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRANZA, LUIS O Street Address (P.O. Box Number is Not Acceptable) 237 SOUTH WESTMONTE DRIVE SUITE 315 **ALTAMONTE SPRINGS FL 32714** 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 registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. TITLE TITLE X Change Delete

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition NAME CARRANZA, LUIS O NAME Carranza, Luis O. 237 South Westmonte Drive, Suite 315 Altamonte Springs, FL 32714 237 SOUTH WESTMONTE DRIVE SUITE 315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP V, T & S Cowheard, David TITLE D ☐ Delete TITLE X Change ☐ Addition NAME COWHEARD, DAVID NAME 237 South Westmonte Drive, Suite 315 STREET ADDRESS 237 SOUTH WESTMONTE DRIVE SUITE 315 STREET ADDRESS Altamonte Springs, FL 32714 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE X Delete TITLE Change ■ Addition LEISEN, MARK NAME NAME STREET ADDRESS 237 SOUTH WESTMONTE DRIVE SUITE 315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachmy

SIGNATURE:

∬REDDavid Cowheard 4-8-03 305-463-7978