2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2003 8:00 am Secretary of State

Ur	HILOUL	M DOSINE	33 KEPUK	i (ARH	()	1. 01.20.20	02 001 65 005	***1 50 00	
1. Entity Na		# P0200 0 DL GROUP, INC.	0070841			01-30-20	03 90165 005	***150.00	
Principal Place of Business 4250 ST. JOHNS PARKWAY SANFORD FL 32771			Mailing Address 4250 ST. JOHNS PARKWAY SANFORD FL 3277)			E LERGISTOL FIL ROELE LIDER BOKUL BOU	f Ja rua Afrika (24 in 26 ka) ki	iik i ka ka kaka a a a	!
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				F MAKING CHANG	ES	
City & State			City & State			4. 59 Number 1425425 Applied For			
Zip	Zip Country		Zip Country			Certificate of Status Desired	\$8.75 / Fee Requ	Not Applicable Additional	le
6. Name and Address of Current R			egistered Agent		7. Name and Address of New Registered Agent				<u> </u>
				_ Name		1. Italio ale Addicas of Item Ne	gisieren Agent		\dashv
KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD			Strae		ddress (F	P.O. Box Number is Not Acceptable)		·	-
SUITE 100				· -				_	
MAITLAND FL 32751			City				FL Zip C	ode	\dashv
8. The above	e named entity stations of registere	ubmits this statement for the	ne purpose of changing its	registered office or	registere	ed agent, or both, in the State of Flori		h, and accep	
SIGNATURE		rinted name of registered agent and	litte if agglicable (NOTE	Registered Agent signate					
			1001E	negalereo rigeni signani	ura racionaci v	when remessing)	DATE		┙
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State			Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees	
10.	_	OFFICERS AND DIF		11.		ADOITIONS (CHANGES TO OFFIC	500 AND DIDEOTO		4.
TITLE	PSD	OTT TOUR TO DIT	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICE	EHS AND DIRECTO		18
NAME	GOOSE, DAV	/ID .		NAME			C Change	☐ Addition	8
STREET ADDRESS		HNS PARKWAY		STREET ADDRESS		•			12
CITY-ST-ZIP	SANFORD FL	L 32771		CITY-ST-ZIP		·			18
TITLE	VTD		☐ Delete	TITLE		,	☐ Change	☐ Addition	CR2E034 (10/02)
NAME	THOMAS, JE			NAME					10
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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 empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7(P

SIGNATURE AND TYPED OR PRINTED NAME OF SKIRLING OFFICER OR DIRECTOR

2/13/2003 407302029