2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 23, 2003 8:00 am § Secretary of State P02000096534 DOCUMENT # 04-23-2003 90194 011 ***150.00 1. Entity Name UPSALA EXECUTIVE CENTRE, INC. Principal Place of Business Mailing Address 2684 WHARTON CIR P.O.BOX 15361 TALLAHASSEE FL 32312 TALLAHASSEE FL 32317-5361 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 55-0798148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUHLMANN, JOHN H Street Address (P.O. Box Number is Not Acceptable) 2684 WHARTON CIR TALLAHASSEE FL 32312 City Zip Code 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 \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete President X Addition TITLE TITLE NAME NAME Kuhlmann; John H. STREET ADDRESS STREET ADDRESS 2684 Wharton Cir · · · CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32312 Change TITLE X Addition TITLE ☐ Delete VP, SEC, DIRECTOR NAME NAME Davis, Allen J. STREET ADDRESS STREET ADDRESS 3467 Hillsboro Blvd, Suite 3 Deerfield Beach, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 🗆 TITLE X Addition ASST.-SEC.-_ Change NAME Davis, Patricia L. Davis NAME STREET ADDRESS 3467 Hillsboro Blvd, Suite 3 Deerfield Beach, FL 33442 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition

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 attachr

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

QOHN HE KUHLMANN, PRESIDENT

FILED