2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P34085** 04-27-2000 90074 027 ***150.00 UNION MANAGEMENT COMPANY USA, INC. Principal Place of Business Mailing Address 1031 W MORSE BLVD W MORSE BLVD SUITE 250 WINTER PARK FL 32789-3738 PARK FL 32789 3. Mailing Address 1031 W. Morse Blvd. 2. Principal Place of Business 1031 W. Morse Blud. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 4. FEI Number Applied For 59-3065 140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWANN, HADLEY & ALVAREZ, P.A. 1031 W. MORSE BLVD. SUITE 270 WINTER PARK FL 32789 he purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entits 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSTD Blanchard, Jonathan R. Mchange 1031 W. Morse Blud., Ste. 160 Winter Park, Florida 32789 PSTD CR2E034 (9/99 TITLE Delete BLANCHARD, JONATHON R NAME 1031 W. MORSE BLVD. STE 140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Jonathan