## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2000 8:00 am Secretary of State **DOCUMENT # P37966** PRINCE-HEATON ENTERPRISES OF ORLANDO, INC 03-29-2000 90036 005 \*\*\*150.00 Principal Place of Business Mailing Address 1250 W GARMON RD NW 5180 SO CONWAY RD ATLANTA GA 30327-4404 ORLANDO FL 32812 0 4 0 4 0 U US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3101873 Not Applicable Zip Country 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 SHORT, HOUSTON Street Address (P.O. Box Number is Not Acceptable) 280 WEST CANTON AVE SUITE 410 WINTER PARK FL 32789 Zip Code City FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE NAME PRINCE, JAMES R. NAME STREET ADDRESS STREET ADDRESS 1250 W GARMON RD NW CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Change ☐ Addition PST □ Delete TITLE NAME PRINCE, JAMES R. NAME STREET ADDRESS 1250 W GARMON RD NW STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ATLANTA GA ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete

13. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

03-01-60 800 675098

Daytime Phone #

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