CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR) FILED P93000026649 DOCUMENT # 02 MAY -7 AH 10: 50 1. Entity Name MID-FLORIDA FINANCIAL GROUP, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1501 GULF DRIVE NORTH 1501 GULF DRIVE NORTH **BRADENTON BEACH FL 34217 BRADENTON BEACH FL 34217** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0406087 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALENTE, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1501 GULF DRIVE NORTH **BRADENTON BEACH FL 34217** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. 7000055385**6** TITLE ☐ Delete TITLE -05/16/02--01004--003 NAME ROBINSON, RANDY NAME 1501 GULF DRIVE NORTH STREET ADDRESS ****887.50 ****150.88 STREET ADDRESS **BRADENTON BEACH FL 34217** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT! F ☐ Delete TITLE NAME VALENTE, JAMES R NAME Used 211.25 for con STREET ADDRESS 1501 GULF DRIVE NORTH STREET ADDRESS BRADENTON BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ST Delete TITLE Change TITLE. MILLER, GLORIA A NAME NAME 1501 GULF DRIVE NORTH STREET A STREET ADDRESS **BRADENTON FL 34217** CITY-ST-2 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TIFLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 truetee 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:

Dayline Phone #