FILED
Jun 19, 2002 8:00 am
Secretary of State
05-24-2002 91354 001 *3,995.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027853

1. Entity Name

CFI Plaza, Inc.

DO NOT WRITE IN THIS SPACE

36134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 Windhover Dr.
Suite, Apt #, etc.
City & State
Orlando, FL
Zip 32819 Country

3. Mailing Address
5601 Windhover Dr.
Suite, Apt #, etc.
City & State
Orlando, FL
Zip 32819 Country

4. FEI Number 59-3177038 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Michael Marder
135 W. Central Blvd. Suite 1100
Orlando, FL 32801

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

9. [illegible] ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Additional

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David A. Siegel 5601 Windhover Drive Orlando, FL 32819	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Thomas F. Dugan 5601 Windhover Drive Orlando, FL 32819
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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 attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Dugan 4/29/02 Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #