2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P93000051720 1. Entity Name 02-26-2002 90002 027 ***150.00 CAL-FORM, INCORPORATED Mailing Address Principal Place of Business 110 TIMPERCOVE CIRCLE SOUTH THE TIMBERCOVE CIRCLE SOUTH 32714 -LONGWOOD-FL-32770-LONGWOOD FL 32779 DOUGLAS AVE 681 FL SP65 Suite ALTAMONTE 10a 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 59-3197121 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 HAMES, LAURENCE C Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE **SUITE 2500** ORLANDO FL 32801 Zip Code City 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. ☐ Addition CR2E034 (9/01 TITLE Delete NAME COATOAM, GARY Ø\P TALA LA 3122 STREET ADDRESS HO TIMBERCOVE SO STREET ADDRESS 32779 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Addition Change TITLE ☐ Delete TITLE NAME COATOAM, SHARON NAME S**RE**ET ADDRESS 3122 TALA LO STREET ADDRESS 1-18-TIMBERCOVE-SO: CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 2775 Change ☐ Addition TITLE ☐ Delete TITLE NAME 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-7IP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

Date

FILED