FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P93000071565 INTERNATIONAL BROKERAGE EXCHANGE OF CENTRAL FLOR 05-02-2001 90100 018 ***150.00 Principal Place of Business Mailing Address 5618 VINELAND RD 5618 VINELAND RD ORLANDO FL 32819 ORLANDO FL 32819 us HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3235730 Not Applicable Country Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNSWORTH, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 8401 LOST LAKE DR ORLANDO FL 32817 City Zip Code 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 DATE 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 After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME UNSWORTH, WILLIAM E NAME STREET ADDRESS STREET ADDRESS 8401 LOST LAKE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 Change Addition TITLE Delete TITLE NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 impowered.

SIGNATURE:

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. UNSWERTH

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407 351-3767

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