2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000010253 Apr 03, 2000 8:00 am Secretary of State GLOBAL PARTNERS CORPORATION 04-03-2000 90166 012 ***150.00 Mailing Address Principal Place of Business 4621 N LANDMARK DR 4621 N LANDMARK DR ORLANDO FL 32817-1235 ORLANDO FL 32817-1235 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3228204 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 UNICORN RESEARCH CORPORATION Street Address (P.O. Box Number is Not Acceptable) 4621 N LANDMARK DR ORLANDO FL 32817-1235 Zip Code 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE DESOUZA, ADRIENNE NAME 301 WICKHAM CT STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779-4543 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition **⊠** Delete TITLE TITLE. MAHORTER, LYNDA NAME NAME 3-L FALLON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21236** CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE MATULICH, SERGE NAME NAME 4621 N LANDMARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817-1235 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 March 2000 407-657-4974

Daytime Phone