2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 21, 2000 8:00 am Secretary of State DOCUMENT # P94000010644 MORGAN & VAN DINGENEN, P.A. 02-21-2000 90026 026 ***150.00 Principal Place of Business Mailing Address 1099 W MORSE BLVD. III W MORSE BLVD. SUITE 2000 ----<u>-</u> 2000 ... PARK FL 32789 WINTER PARK FL 32789-3741 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3219437 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORGAN, PAUL J Street Address (P.O. Box Number is Not Acceptable) 1099 W MORSE BLVD. **SUITE 2000** WINTER PARK FL 32789 Zip Code FL 3. 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 After MAY 1, 2000 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 Fayable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Vice President - Director □ Change xX Addition Don VanDingenen **PSTD** Delete MORGAN, PAUL J NAME 1099 W. Morse Blvd. 1099 W MORSE BLVD., SUITE 2000 STREET ADDRESS COLOR ANNAESS Winter Park Fl 32789 CITY-ST-ZIP WINTER PARK FL 32789 ST 7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CHEST AND SHOW CITY-ST-ZIP ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS aralli ADENUSS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ::::: Animpres CITY-ST-ZIP ST ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 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 fehort 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 dustee 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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

··· ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/15/2000

Daytime Phone #

☐ Change

Addition