2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P94000022544** TRANSAM TAX CERTIFICATE CORPORATION 04-25-2001 90133 050 ***150.00 Principal Place of Business Mailing Address 1101 NORTH LAKE DESTINY RD. 1101 NORTH LAKE DESTINY RD. SUITE 225 SUITE 225 MAITLAND FL 32751 MAITLAND FL 32751 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 59-3233977 Not Applicable Zip Country Country Zip \$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 MARSHALL, BYRD F JR. Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE ST. **SUITE 1200** ORLANDO FL 32801 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME NOGA, GEORGE K NAME STREET ADDRESS 1101 N. LAKE DESTINY RD., STE. 225 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S!-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-S1-ZIP TITEE Dolete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or suppler upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cortify that the information ital poor is true and accurate and that my signature shall have the same logal effect as if made undor eath; that I am an officer or director us ge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment w

dress, with all other like empowered.

George K. Noga

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (10/00)

407 875-0075

4/23/01