2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State P94000028147 DOCUMENT # 1. Entity Name 05-22-2002 90234 031 ***150.00 SCORPIO INVESTMENTS, INC. OF CENTRAL FLORIDA Principal Place of Business Mailing Address 730 W COLONIAL DR 4 SCENIC HWY LAKE WALES FL 33853 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3235861 Not Applicable Zip 🗔 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 PATEL, DHARMENDRA Street Address (P.O. Box Number is Not Acceptable) 78.50 Boundmon Hill 730 W. COLONIAL DRIVE ORLANDO FL 32804 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) FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ax 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE PATEL, DHARMENDRA NAME NAME 7850 Bardmoor Hill Circle 730 W COLONIAL DR-STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Delete TITLE KANJI, AZINA NAME NAME STREET ADDRESS 730 W COLONIAL DR STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 AND TYPED OF PRINTED NAME OF

FILED