changed, or on an attachment with an addre

SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # P94000047789 05-22-2002 90142 016 ***150 00 WILLIAM KENT WESTBROOK, CERTIFIED PUBLIC ACCOUNT ANT, P.A. Mailing Address Principal Place of Business 7652 ASHLEY PARK CT 7652 ASHLEY PARK CT SUITE 301 SUITE 301 ORLANDO FL 32835 ORLANDO FL 32835 HS 3. Mailing Address NDERMORRO 2. Principal Place of Business 1601 CONROS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3252826 Not Applicable RCANSO \$8.75 Additional Country 5. Certificate of Status Desired Fee Required OR ANUphoc 7.-Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent WESTBROOK, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) CONROY WINDER MARE 7652 ASHLEY PARK CT SUITE 301 ORLANDO FL 32835 egistered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office of FILE NÓW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE 7601 CONROY WINDERMERE RO STELOS ORLANDO FL 32831 NAME NAME WESTBROOK, WILLIAM K STREET ADDRESS 7652 ASHLEY PARK CT STE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 in the same 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if shall share the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employers.

Daytime Phone #