2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000063125 Apr 24, 2000 8:00 am Secretary of State SUZAN A. ABRAMSON, P.A. 04-24-2000 90076 030 ***150.00 Mailing Address Principal Place of Business 126 EAST JEFFERSON ST. 126 EAST JEFFERSON ST. ORI ANDO FL 32801-1822 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 557 Mystic Wood 557 Mystic Wood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3263423 Not Applicable <u>Casselberr</u>v Casselberry ΓI FI Zip Country Zip Country \$8.75-Additional 5. Certificate of Status Desired Fee Required USÃ 32707 32707 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Abramson, Suzan A. ABRAMSON, SUZAN A Street Address (P.O. Box Number is Not Acceptable) 557 Mystic Wood 126 EAST JEFFERSON ST. ORLANDO FL 32801 Casselberry, Zin Code 32707 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. April 13, SIGNATURE Sunzaherd or Arinted range Leasing Sent and title President (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 🙀 Change ☐ Delete TITI F TITLE P, T, S, D ABRAMSON, SUZAN A NAME NAME Abramson, Suzan A. 126 E. JEFFERSON ST. STREET ADDRESS STREET ADDRESS 557 Mystic Wood CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Casselberry, FL 32707 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP. =~ CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition 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-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

S LEASE THRE AND TYPED BY BUTTER WHY OF SIGNIFICATION

April 13, 2000 (407)695-3853