FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # P94000092672 Secretary of State H & R ENTERPRISES OF ORLANDO, INC. 02-13-2001 90010 028 ***150.00 Principal Place of Business 7954 WOODBRIAR COURT 609 ORLANDO FL 32802 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3290238 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, HARRY A 6091 MASTERS BLUD Street Address (P.O. Box Number is Not Acceptable) 7354-WOODBRIAR COURT OKLANDO, FL 32819 Zip Code FL 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 DATE 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE NAME NAME STEWART, HARRY A 6091 MASTERS BLVD. STREET ADDRESS STREET ADDRESS -7954-WOODBRIAN-COURT CITY-ST-ZIP CITY-ST-ZIP OPLANDO FL 328TT Change Addition ☐ Delete TITLE TITLE NAME FOGLIA, RENE NAME 6091 MASTERS BLUD ORLANDS FL 32819 STREET ADDRESS STREET ADDRESS 7354-WOODBRIAR COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Change Addition Delete TITLE TITLE 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-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete Addition TITLE NAME NAME 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:

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC