FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P9500001351 DONALD J. WILLIAMS, C.P.A., P.A. 04-24-2000 90086 013 ***158.75 Principal Place of Business Mailing Address P.O. BOX 915047 393 WHOOPING LOOP LONGWOOD FL 32791-5047 STE 1490 C0071017 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address 204 Sweet Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3303452 ooocupua Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, DONALD J Street Address (P.O. Box Number is Not Acceptable) 393 WHOOPING LOOP, STE 1490 Zmeetmoter ALTAMONTE SPRINGS FL 32701 Zió Code 3 277 City 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. DPS Change ☐ Addition ☐ Defete TITLE TITLE WILLIAMS, DONALD J NAME NAME STREET ADDRESS STREET ADDRESS 204 SWEETWATER BLVD. S CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition ☐ Delete TITLE Change 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-ZIP CITY-ST-7IP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP .. CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ONALD I WILLAMS 4/14/80

SIGNATURE:

CR2E034 (9/99)