2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P95000008216 1. Entity Name HAMMERBERG & ASSOCIATES, INC. 04-27-2000 90079 019 ***150.00 Mailing Address Principal Place of Business 3601 THOMPSON RD 3601 THOMPSON RD LAKE MARY FL 32746 LAKE MARY FL 32746-4047 US 2. Principal Place of Business COVE. 600 KINGSMILL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 400 City & State Applied For 4. FEI Number 59-3305523 AKE MANY Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMMERBERG, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 3601 THOMPSON ROAD LAKE MARY FL 32746 APT. 202 LAKE MARY 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE THOMAS P. HAMMERBERG NAME NAME 600 KINGSMILL COVE #202 STREET ADDRESS STREET ADDRESS 3601 THOMPSON ROAD LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Delete TITLE TITLE JEANNE L. HAMMERBERG NAME NAME 600 KINGSMILL COVE #207. 3601 THOMPSON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Addition TITLE ☐ Delete 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 supplier email 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 of the technique of the exemption of the receiver of the technique of the exemption of the receiver of the technique of the exemption of the receiver of the technique of the exemption of the receiver of the technique of the exemption of the e changed, or on an attachment r like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

hous O THOMAS P. HAMMENBE