2002 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2002 8:00 am Secretary of State P95000010071 **DOCUMENT#** 1. Entity Name 08-07-2002 90199 018 ***150.00 CHARLES E. THORPE, INC. Principal Place of Business Mailing Address 304 LAKE DOE BLVD. 304 LAKE DOE BLVD. APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address 304 LAKE DOE BLUD 304 LAKE DOE BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3263749 . FLORIDA Not Applicable Country ORANGE \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name THORPE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) -304 LAKE DOE BLVD. APOPKA FL 32703 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 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 September 13, 2002 Fee will be \$750.00 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 11. TITLE TITLE ☐ Change ☐ Addition □ Delete THORPE, CHARLES E NAME NAME STREET ADDRESS 304 LAKE DOE BLVD. STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive 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. changed, or on an attachme LES E. THORPE 08/06/02 407-310-496



Information Technology, Telecommunications, Logistics, Engineering, Facilities Management, Education and Training Technical Support Services Attachments 973430 #195000010071

August 6, 2002

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSE, FL 32302-1500

Dear Division of Corporations:

On July 31, we were required to remove our accounting person from his duties.

Upon a review of his outstanding workload, it was discovered that our 2002 UBR had not been filed.

Please accept this letter as certification that THE CORPORATION had no knowledge of this report not being filed.

We pray that you will understand our dilemma and accept our explanation and forgive any penalties owed.

I was never the intent of the corporation to avoid this filing.

Sincerely,

Charles E Thorpe

CEO