2002 UNIFORM BUSINESS REPORT (UBR)

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Apr 21, 2002 8:00 am Secretary of State P95000022077 DOCUMENT # 1. Entity Name 04-21-2002 90911 017 ***150.00 NEW ENGLAND AVENUE DEVELOPMENT COMPANY Principal Place of Business Mailing Address 558 W NEW ENGLAND P.O. BOX 350 SUITE 210 WINTER PARK FL 32790-0350 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 533 W. New England Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City &\State City & State 4. FEI Number Applied For 59-3303282 winter Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 32789 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELLOWS, DANIEL B. Street Address (P.O. Box Number is Not Acceptable) 558 W NEW ENGLAND AVE **SUITE 210** WINTER PARK FL 32789 Zio Code 8. The above named entity submits this statement for the of changing its registered office or registered agent, or both, in the State of Florida. B. Bellows SIGNATURE ' 9. This borporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition NAME MAHER, STEVEN R NAME STREET ADDRESS 631 90 E. LIVINGSTON ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BELLOWS, DANIEL B NAME STREET ADDRESS P.O. BOX 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32790-0350 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BELLOWS, DANIEL B STREET ADDRESS STREET ADDRESS PO BOX 350 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32790-0350 ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP 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

FILED