FILED Jul 18, 2001 8:00 am Secretary of State

ASAP OFFICE BUILDINGS, INC.				03-21-2001 90038 024 ***150.00 07-18-2001 90258 010 *****1.00				
Principal Place of Business 8222 S ORANGE AVE ORLANDO FL 32809 US	Mailing Address 8222 S ORANGE AVE ORLANDO FL 32809 US	(IA)			00779 			
2. Principal Place of Business 14300 East Side St Suite, Apt. #, etc.	0E St		DO NOT WRITE					
City & State GROVeland, FL GROVeland,		t, FL	4. FEI Number 59-3321406			Applied For Not Applicable		
34736 Country Lake	^{z₁₀} 34736	Country		ertificate of Status Desired	Fe	3.75 Ade Require		ı
6. Name and Address of Current I	Registered Agent	Name	7. No	ame and Address of New Re	gistered Ag	ent	· · <u>-</u> · · ·	-
Bellamy, Edna 16101 Bellamy Way	Street Address	Street Address (P.O. Box Number is Not Acceptable)						
MONTVERDE FL 34756				1				
4 1		City			FL	Zip Cod	le	
8. The above named entity submits this statement for statement for SIGNATURE Signature, typed or printed name of registered agent at 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.	FILE NOW!!! After September 12,	Registered Agent signature requires FEE IS \$550.00 2001 Fee will be \$750	ed when reir		DATE		0 May Be	
(See criteria on back) OFFICERS AND I	<u> </u>	e to Department of St	i	DITIONS/CHANGES TO OFFIC				
TITLE P NAME BELLAMY, EDNA STREET ADDRESS CITY-ST-ZIP MONTVERDE FL 34756	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC	SHIONS/CHANGES TO OFFIC		Change	Addition	00004 (0/04)
TITLE NAME STREET ADDRESS CITY-ST-ZIP T T BELLAMY, JOHN 16101 BELLAMY WAY MONTVERDE FL 34756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	0
TITLE S NAME ALBRAND, KIMBERLY STREET ADDRESS 12 CARDAMON DR CITY-ST-ZIP ORLANDO FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Berger in the State of State o		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental report is	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		40.02/0V/) Florida Statuto J f	<u></u>	Change	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P95000047896





July 9, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs.

In speaking with a representative today, she informed me that I had been sent letter number 1001A 00017640. This letter explained that my report was not complete because it had not been signed. I never received this correspondence from you. This was probably because we were in the process of moving and our mail carrier did not have this street as an address. We had a lot of returned mail during this time. However, because I did not receive this correspondence, and my check was cashed on March 21, 2001, I believed that all was O.K. Your representative told me to sign the enclosed report and return this to you. Hopefully, this will resolve any issues.

Enclosed is a check for \$1.00. Please send me a copy of my 2001 Uniform Business Report.

Sincerely,

Edna S. Bellamy,

And Bellins

President