2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P95000055838 05-05-2003 91427 001 ***150.00 1. Entity Name FLORIDA SETA INVESTMENT, CORP. Principal Place of Business Mailing Address 1600 SANIBEL DRIVE 1400 W FAIRBANKS AVE KISSIMMEE FL 34741 STE 102 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business -- T-CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3439205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SMOLDERS, JOHN Street Address (P.O. Box Number is Not Acceptable) 1400 W. FAIRBANKS AVE STE 102 WINTER PARK FL 32789 8. The above named entity submits this statement for the purpose at thanging 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, typed or prior FILE-NOW!!L_PEE-IS-\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition NAME SMOLDERS-VAN ALPHEN, M.G.R. NAME MAURITSKASE 25 2514 HO THE HAGUE STREET ADDRESS STREET ADDRESS THE NETHERLANDS CITY-ST-ZIP CITY-ST-ZIP Delete PRESIDENT TITLE TITLE ☐ Addition smoldens, John 1600 Sanibal Daire NAME SMOLDERS, JOHN NAME STREET ADDRESS STREET ADDRESS 1400 W. FAIRBANKS AVE -STE 102 Kizsimmee, Fl. 34741 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all of

CITY-ST-ZIP

SIGNATURE:

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