2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **P95000072798** 1. Entity Name TILTON & METZGER, P.A. 02-11-2000 90010 010 ***150.00 Principal Place of Business Mailing Address 204 SOUTH MONROE STREET 204 SOUTH MONROE STREET SUITE 200 SHITE 200 TALLAHASSEE FL 32301-1800 TALLAHASSEE FL 32301 3. Mailing Address 2. Principal Place of Business E. Piedmont DR. Suite, Apt. #_etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3329920 ahassee Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TILTON, ERIC B Street Address (P.O. Box Number is Not Acceptable) 204 SOUTH MONROE STREET SUITE 200 TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change **PSD** ☐ Addition TITLE TITLE ☐ Delete TILTON, ERIC B NAME NAME 1435 E. Piedmont DR. Suite 210 STREET ADDRESS 204 SOUTH MONROE STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP Tallahassee, FL 32312 CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete TITLE TITLE 1435 E. hedmont Dr. Suite 210 Talluhassee FL 32312 METZGER, KENNETH J NAME STREET ADDRESS 204 S. MONROE ST/STE 200 STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP TALLAHASSEE FL 323017 Change 1 " Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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:

5

SIGNATURE AND PAYPED OF PRINTED NAME OF STRINING OFFICER OR DIRECTOR

2/8/2000 Days

Daytime Phone #