FILED 2003 FOR PROFIT CORPORATION Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P95000088621 **DOCUMENT #** 1. Entity Name 03-17-2003 90666 016 ***150.00 MAITLAND LAW CENTRE, INC. Principal Place of Business Mailing Address 159 LOOKOUT PL. 159 LOOKOUT PL. SUITE 101 SUITE 101 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3346099 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBINO, NICHOLAS J ESQ. Street Address (P.O. Box Number is Not Acceptable) 159 LOOKOUT PLACE SUITE 101 MAITLAND FL 32751 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition RUBINO, NICHOLAS J NAME NAME 209 HERON STREET STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIF CITY-ST-ZIP DVST TITLE Delete TITLE ☐ Change ☐ Addition NAME AKINS, KENT NAME STREET ADDRESS 116 TANGELO COURT STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME

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 receiper 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 attachme

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