2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P95000090547 1. Entity Name BOBCAT OF CENTRAL FLORIDA, INC. 04-24-2001 90073 001 ***476.25 Mailing Address Principal Place of Business 9802 PALM RIVER RD 7410 EAST COLONIAL DRIVE ORLANDO FL 32807 **TAMPA FL 33619** 30311 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0624763 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KINGS/AND KINGSLAND, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 7410 EAST COLONIA DRIVE ORLANDO FL 32807 EAST COLONIAL DO. 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. (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, 2001 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 11. ☐ Addition TITLE 🗶 Delete TITLE NAME KINGSLANDS, RICHARD G NAME STREET ADDRESS STREET ADDRESS 4131 ADLERGATE CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Addition ☐ Change ☐ Delete TITLE TITLE KINGSLAND, RICHARD A NAME NAME STREET ADDRESS 889 WILLOW RUN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER SPRINGS FL 32708 Change ☐ Addition ☐ Defete TITI F TITLE NAME HALL, RICHARD A NAME STREET ADDRESS 4205 S HEATHCOE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANT CITY FL 33567 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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CITY-ST-ZIP

RICHARD A. Kingsland 4/1401