FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P9600006418 1. Entity Name REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A., now known as 04-06-2001 90045 026 ***150.00 REINMAN MATHESON KOSTRO VAUGHAN & DURHAM, P.A. Principal Place of Business Mailing Address 1825 RIVERVIEW DRIVE 1825 RIVERVIEW DRIVE MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3356218 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REINMAN, JAMES L Street Address (P.O. Box Number is Not Acceptable) 1825 RIVERVIEW DRIVE **MELBOURNE FL 32901** Zip Code City 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME REINMAN, JAMES L NAME STREET ADDRESS 1825 RIVERVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32901** TITLE ☐ Delete TITLE ☐ Addition NAME MATHESON, MAUREEN M NAME STREET ADDRESS 1825 RIVERVIEW DRIVE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE- -·DST~ -TITLE → Change = Addition...

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 eath; 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.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

- Delete

☐ Delete

☐ Delete

☐ Delete

S	IG	N	ΔΤ	11	R	F	

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IE

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

KOSTRO, VICTOR S

1825 RIVERVIEW DRIVE

MELBOURNE FL 32901

VAUGHAN, KATHRYN A

ORMOND BEACH FL 32176

400 S. ATLANTIC AVE., STE. 112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32907

Gregory P. Durham, Sr.

1825 Riverview Drive

Melbourne, FL

☐ Change

☐ Change

Change

Addition

X Addition

☐ Addition