May 13, 2002 8:00 am § Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) P96000008185 DOCUMENT # 1. Entity Name 05-13-2002 90085 016 ***150.00 BROWN & GREEN, P.A. Principal Place of Business Mailing Address POB 3108 709 N MAGNOLIA AVE ORLANDO FL 32802 ORLANDO FL 32803 US 2. Principal Place of Business 3. Mailing Address South Orance Ave. P.O. Box 60 300 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FEI Number Applied For 59-3355098 ORlando Rlando Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 2801 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREEN. DOROTHY F Street Address (P.O. Box Number is Not Acceptable) 709 N MAGNOLIA AVE Cove ORLANDO FL 32801 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, 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, 2002 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. 12. CR2E034 (9/01) Change TITLE ☐ Addition TITLE ☐ Delete GREEN, DOROTHY F NAME NAME 300 South Orange Ave , Suite 1300 STREET ADDRESS 709 N MAGNOLIA AVE STREET ADDRESS ORlando, Fl. 32803 CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE BROWN, JAMES G NAME NAME 300 South Change Avo., Saite 1300 STREET ADDRESS 709 N MAGNOLIA AVE STREET ADDRESS ORlando. FI-32803 CITY-ST-ZIP CITY-ST-7IF ORLANDO FL 32803 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

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