2000 UNIFORM BUSINESS REPORT (UBR) 004 550.00 DOCUMENT # P96000016261 FILEU 1. Entity Name SECRETARY OF STATE HVISION OF CORPORATIONS RANDOLPH S. GABOR, INC. 00 JUL 20 PM 4: 25 Mailing Address Principal Place of Business 2204 JENNIFER LANE 2204 JENNIFER LANE VALRICO FL 33594-5414 VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3367077 Not Applicable \$8.75 Additional Zip Country 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 Name · Gabor; Rose Street Address (P.O. Box Number is Not Acceptable) 2204 JENNIFER LANE VALRICO FL 33594 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 Fibrida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) ☐ Change ☐ Addition me TILE Oelete GABOR, RANDOLPH S NAME NAME STREET ADDRESS 2204 JENNIFER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP valrico fl. 33594 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete ₹ITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST:ZP ☐ Change Addition ☐ Delete TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 71P ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-21P 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 flustee 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. 16/8/01

6/21/00-90002-005-\$150.00-\$150.00