Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000016924 SECRETARY OF STATE DIVISION OF CORPORATIONS FORCE HOLDINGS, INC ninct-9 AMII: 45 BLANKS Principal Place of Business Mailing Address 215 North Eola Drive 600 E Colonial DR Delando FL 32801 Surte 200 Orlando FL 32803 800004649378--1 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-0646030 Not Applicable 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 Name MCNEILL, H. GREGORY 215 North Eda Deive Street Address (P.O. Box Number is Not Acceptable) ORlando FL 32801 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ΠΠF Delete Change NAME NAME JERRY E STREET ADDRESS STREET ADDRESS Suite 200 CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete Addition TITLE TILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition ппе ΠΠF Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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. 407-650-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FORCE HOLDINGS, INC. 600 E COLONIAL DRIVE *** SUITE 200 *** ORLANDO FL 32803

September 19, 2001

Division of Corporations – Reinstatement Division Attn: Andy Dunlap P O Box 6327 Tallahassee, FL 32314

RE: Force Holdings, Inc.

Dear Mr. Dunlap:

I am writing to state that my company, Force Holdings, Inc., never received a renewal Uniform Business Report for 2001. My comptroller has been out on an unexpected leave of absence since the spring and it has just come to my attention that this matter was never taken care of. Please find enclosed a Uniform Business Report for 2001 and a check for \$150.00 to take care of this matter.

Thank you for your help in resolving this matter.

Very Truly Yours, Force Holdings, Inc.

Jerry Perkins,

President