2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE: _

like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 17, 2000 8:00 am Secretary of State DOCUMENT # **P96000077588** WEST OAK MANAGEMENT INC. 03-17-2000 90035 030 ***150.00 Principal Place of Business Mailing Address 9401 WEST COLONIAL DRIVE 9401 WEST COLONIAL DRIVE SUITE 248 SUITE 248 823121 OCOEE FL 34761 OCOEE FL 34761-6804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3400691 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LI. PATRICK P.W. Street Address (P.O. Box Number is Not Acceptable) 9401 WEST COLONIAL DRIVE SUITE 248 OCOEE FL 34761 Zip Code FL 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 After MAY 1, 2000 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 12. 11. Change ☐ Addition TITLE ☐ Delete LI. PATRICK P.W. NAME STREET ADDRESS 9401 WEST COLONIAL DRIVE, SUITE 248 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 TITLE ☐ Delete TITLE Change ☐ Addition NAME LI, LILY NAME 9401 WEST COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCOEE FL 34761 ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS S 32 15 50 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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