...2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 796000687653 Feb 24, 2000 8:00 am Secretary of State 1. Entity Name LYNNE L. ENGLAND, P.A. 02-24-2000 90069 014 ***150.00 Principal Place of Business Mailing Address 1463 Oakfield Drive- Suite 125 Brandon, FL 33511 2. Principal Place of Business 3. Mailing Address 1463 Oakfield Drive 1463 Oakfield Drive Suite Apt te et 125 DO NOT WRITE IN THIS SPACE Suite Apt #2etc. City & State Brandon, FL City & State
Brandon, FL Applied For 4. FEI Number 59-3407920 Not Applicable Zip 33511 Country \$8,75 Additional 5. Certificate of Status Desired 33511 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name" -Lynne L. England Street Address (P.O. Box Number is Not Acceptable) 1463 Oakfield Drive- Suite 125 Brandon, FL 33511 1463 Oakfield Drive- Suite 125 Brandon 8. The above named entity submits the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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, 2000 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. Addition Delete Change TITLE and and TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1450 Jakiasid Clive- Suite 125 CITY-ST-ZIP CITY-ST-ZIP seendon, _Fb ☐ Delete Change Addition TITLE TITLE P D NAME NAME Lynne L. England STREET ADDRESS STREET ADDRESS Oakfield Drive- Suite 125 CITY-ST-ZIP CITY-ST-ZIP Brandon, FL 33511 ☐ Change ☐ Addition TITLE Delete : TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address

SIGNATURE: