2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P9700000909

1. Entity Name

STREET ADDRESS

changed, or on an attachmic

SIGNATUBE:

CITY-ST-ZIP

Principal Place of Business

FLOR HOLDING USA, INC.

1950 SUMMIT PARK DRIVE 1950 SUMMIT PARK DRIVE **SUITE 300** SUITE 300 TLANDO FL 32810 ORLANDO FL 32810-5931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3431311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSCHMANS, ERIC Street Address (P.O. Box Number is Not Acceptable) 1950 SUMMIT PARK DR **STE 300** ORLANDO FL 32810 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees Trust Fund Contribution. П (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 **PDC** TITLE ☐ Delete TITLE Patterson, Steven W. DURA, DANIEL J.M. NAME 1950 Summit Park Dr., Ste. 300 STREET ADDRESS STREET ADDRESS 1950 SUMMIT PARK DR. STE 300 CITY-ST-ZIP Orlendo, FL 32810 CITY-ST-ZIP ORLANDO FL 32810 Change ☐ Addition TITLE Delete TITLE NAME VAN VEGGEL, JOHANNES F.J. NAME STREET ADDRESS STREET ADDRESS 1950 SUMMIT PARK DR, STE 300 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Addition ☐ Change ST Delete TITLE TITLE BOSCHMANS, ERIC F NAME NAME STREET ADDRESS 1950 SUMMIT PARK DR, STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32810 Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change TITLE Delete TITLE

NAME

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

an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICE

STREET ADDRESS CITY-ST-ZIP **FILED**

May 02, 2000 8:00 am Secretary of State

05-02-2000 90004 023 ***150.00