2000 UNIFORM BUSINESS REPORT (UBR) Feb 16, 2000 8:00 am DOCUMENT # P9700005875 1. Entity Name **Secretary of State** MCINTYRE AND TUNSTALL, P.A. 02-16-2000 90010 025 ***150.00 Principal Place of Business Mailing Address 540 E HORATIO AVE. SUITE 101 540 E HORATIO AVE. SUITE 101 MAITLAND FL 32751 MAITLAND FL 32751-7314 2. Principal Place of Business 3. Mailing Address McIntyre and Tunstall, P.A. 5415 LAKÉ HOWELL RU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sui5415 Lake Howell Road #322 City & Statemen Park, FL 32792 Applied For 59-3414526 Not Applicable Country_-Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen TUNSTALL TUNSTALL, AVA Street Address (P.O. Box Number is Not Acceptable) 540 E HORATIO AVE, SUITE 101 LINDEN. ROAD MAITLAND FL 32751 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 egistered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PAULINE U. Schange Delete TITLE milnyre MCINTYRE, PAULINE W NAME NAME hate Howell Ra, #322 540 E HORATIO AVE, SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 VTD TITLE ☐ Delete TITLE Tunstall. Awa TUNSTALL, AVA NAME NAME 540 E HORATIO AVE. SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Addition Deleter - -TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR