2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P97000026187 1. Entity Name TRAFALGAR 800, INC. 05-02-2001 90134 017 ***150.00 Mailing Address Principal Place of Business 800 TRAFALGAR COURT 800 TRAFALGAR COURT **STE 200** STE 200 MAITLAND FL 32751 MAITLAND FL 32751 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3433335 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required - -- 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, GARY E Street Address (P.O. Box Number is Not Acceptable) 800 TRAFALGAR COURT #200 MAITLAND FL 32751 Zip Code City 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 (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ☐ Addition □ Delete TITLE BROWN, GARY E. TITLE 800 TRAFALGAR CT. # 200 BROWN, GARY E NAME NAME STREET ADDRESS 800 TRAFALGAR COURT #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Addition ∩hange ☐ Delete TITLE TITLE NAME VON WELLER, HAROLD J NAME STREET ADDRESS 800 TRAFALGAR COURT #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Addition ☐ Delete TITLE DPT STEVENS. NAME DAVIS, STEVEN S NAME 800 TRAFALGAR COURT #200 STREET ADDRESS 800 TRAFALGAR CT. #200 STREET ADDRESS CITY-ST-ZIP MAITIANA FL 32751 CITY-ST-ZIP MAITLAND FL 32751 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with his 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.

SIGNATURE:

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/a 401/415-0800 Date Dayline Phone #