2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am § Secretary of State DOCUMENT # P97000031389 1. Entity Name 03-24-2002 90062 023 ***150 00 TRACTS K & L. INC. Principal Place of Business Mailing Address C/O GARY BOYNTON C/O GARY BOYNTON 330 N BROADWAY AVE 330 N BROADWAY AVE ORLANDO FL 32803 ORLANDO FL 32803 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 59-3437833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOYNTON, GARY** Street Address (P.O. Box Number is Not Acceptable) 330 N BROADWAY AVE ORLANDO FL 32803 City Zip Code 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change BOYNTON, GARY E NAME NAME 330 N. BROADWAY AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME O'NEAL, FREDERIC B. E NAME STREET ADDRESS 4407 VINELAND DRIVE #D-16 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME HUDAK, IRENE NAME 10821 WESTBROOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ddress, with all other

SIGNATURE:

FILED