FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE

May 01, 2001 8:00 am DOCUMENT # P9700053415 Secretary of State CLO CONSULTING, ING. 05-01-2001 90013 016 ***150.00 Principal Place of Business Mailing Address 1333 MARKEL DR. 1333 MARKEL DR. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 754235 HE TOWNS THE 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 59-3451876 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 WRIGHT, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 1333 MARKEL DR. WINTER GARDEN FL 34787 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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. 12. ☐ Change Addition TITLE Delete TITLE WRIGHT, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 1333 MARKEL DR. CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 troe 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 is rejected this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if