## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P97000056084 1. Entity Name 05-22-2001 90639 018 \*\*\*150.00 ROI, INC. Principal Place of Business 7041 Grand National Drive Mailing Address c/o Webster & Partners, P.L. Suite 132 PO Box 2310 00069583 Winter Park, FL 32790-2310 Orlando, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3460198 Not Applicable Zip 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 W & P Services, Inc. UWSA Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road 701 Peachtree Road Orlando, FL 32804 Suite 101 <sup>City</sup> Winter Park 32789 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 David A. Webster (NOTE: Registered Agent signature required when rainstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE P//> Delete TITLE Change NAME Stanislaw, Robert A. NAME STREET ADDRESS STREET ADDRESS 7041 Grand National Dr, Ste 132 CITY-ST-ZIP CITY-ST-ZIP <u> Orlando, FL 32819</u> 🗶 Change Delete TITLE ☐ Addition TITLE NAME Webster, David A. NAME Webster, David A. STREET ADDRESS STREET ADDRESS 1936 Lee Road, Suite 101 701 Peachtree Road CITY-ST-ZIP CITY-ST-ZIP <u> Winter Park, FL 32789</u> Orlando II. 32804 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE DITHE □ Delete NAME NAME STREET ADORESS STREET ADDRESS

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. 407-691-0500 Robert A. Stanislaw SIGNATURE: E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CITY-ST-ZIP

CITY-ST-7IP