

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 023 \*\*\*150.00

**DOCUMENT #** P970000087071  
1. Entity Name  
State Extraditions

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5634 Edgewater Dr  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 520220  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando FL  
Zip  
32810 Country  
USA

City & State  
Longwood FL  
Zip  
32752-0220 Country  
USA

4. FEI Number  
59-35009016912 Applied For  
Not Applicable  
5. Certificate of Status Desired - ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Dawn Warren  
5634 EDGEWATER DR.  
ORLANDO, FL. **FL** 32810

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 Dawn Warren Dawn 4-3-02  
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres. V. Pres. Sec.</u> <u>Dawn Warren</u> <u>5634 EDGEWATER DR.</u> <u>ORLANDO, FL. 32810</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: Dawn Warren 4-3-02 407-339-5299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)