2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000005536 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name WENDY I. RULNICK, P.A. 08-02-2000 90123 019 ***550.00 Principal Place of Business Mailing Address 921 DENTON BLVD..#2013 P.O. BOX 1736 FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32549 2. Principal Place of Business 894 Emerald Coast Pky Emerald Coast YK Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3488189 FL Destil Not Applicable Country 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 RULNICK, WENDY I 921 DENTON BLVD.,#2013 FT. WALTON BEACH FL 32547 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. ეკი (321 -DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. M Change ☐ Addition TITLE TITLE ☐ Delete Rulnick Wendy I. 34894 Emerald Coast Pky NAME RULNICK, WENDY I NAME STREET ADDRESS 921 DENTON BLVD., #2013 STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32547 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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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)(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.