FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address with all other like empowered.

THE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P98000011139 FIDELITY GROUP INVESTMENT COMPANY, INC. 01-17-2001 90067 046 ***150 00 Mailing Address Principal Place of Business 580 BERNASEK DRIVE 580 BERNASEK DRIVE DEBARY FL 32713 DEBARY FL 32713 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3492778 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SARACO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 580 BERNASEK DRIVE DEBARY FL 32713 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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. ☐ Change ☐ Addition ☐ Oelete TITLE TITLE SARACO, JOSEPH NAME NAME 580 BERNASEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ۷D ☐ Delete Change ☐ Addition TITLE JAY, JEFFREY C NAME 580 BERNASEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Change ☐ Addition Defete TITLE STD TITLE CORTES, SAMUEL NAME STREET ADDRESS STREET-ADDRESS 580-BERNASEK-DRIVE CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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