2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000026724 Feb 22, 2000 8:00 am Secretary of State 1. Entity Name VALCOR ADVISORY, INC. 02-22-2000 90018 024 ***158.75 Principal Place of Business Mailing Address 11977 OLDFIELD POINT DRIVE 11977 OLDFIELD POINT DRIVE JACKSONVILLE FL 32223-3512 JACKSONVILLE FL 32903-2933 715477 2. Principal Place of Business 3. Mailing Address 2280 HARRIS AVE. 2280 HARRIS AVQ NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc SUITE SUITE Applied For City & State City & State 4. FEI Number 59-3505305 Not Applicable \$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 WILLIAM L. PITTENGEIC **BOWLUS, MICHAEL ESQ** Street Address (P.O. Box Number is Not Acceptable) 10110 SAN JOSE BLVD JACKSONVILLE FL 32257 HAMPIS AVE. NE 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 WILLIAM L. PITTENGE (NOTE: Registered Agent signature required when reinstating) 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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. TITLE TITLE Delete PITTENGER, WILLIAM L NAME NAME 2280 HAMPIS AVO. NE SVITEZ 11977 OLDFIELD POINT DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223-3512 CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Delete TITLE TITLE 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-ZIP Change Delete Addition TITLE 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of 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 ith all other like empowered.

CITY-ST-ZIP

THE WORLLAM L. NITTONGEN SIGNATURE: AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP