2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2000 8:00 am Secretary of State DOCUMENT # P98000032767 SANDMORE, INC. 02-21-2000 90015 021 ***158.75 Principal Place of Business Mailing Address 1661 SNADSPUR RD 1661 SNADSPUR RD MAITLAND FL 32751-6134 MAITLAND FL 32757 TOIDA NDSFOR RI DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3510091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BURKEY, GARY 160 EAST LAKE BRANTLEY DRIVE LONGWOOD FL 32779 is statement to the purpose of changing its registered effi-8. The above named entity st SIGNATURE (NOTE: Registerer, Agent signature required when reinstating) ered 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 12. 11. DΡ ■ Addition TITLE TITLE ☐ Delete BURKEY, GARY NAME STREET ADDRESS 160 EAST LAKE BRANTLEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32779 ☐ Addition TITLE ☐ Delete TITLE COOKSEY, GARDY JR. NAME NAME STREET ADDRESS 160 EAST LAKE BRANTLEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 **DVPS** Delete TITLE BURKEY, JULIE NAME NAME STREET ADDRESS 160 EAST LAKE BRANTLEY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32779 Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

SIGNATURE TWILTH DU

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Daytime Phone #