2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 05, 2000 8:00 am Secretary of State DOCUMENT # P98000033328 1. Entity Name DINGER EXPRESS, INC. 05-05-2000 90023 049 ***150.00 Principal Place of Business Mailing Address 2586 S. CONWAY RD..APT.#1114 2586 S. CONWAY RD..APT.#1114 ORLANDO FL 32812 ORLANDO FL 32812-4508 3. Mailing Address 2875 S. ORANGE AVE DO NOT WRÎTE IN THIS SPACE 5.0RANGEAUE #500 #500 4. FEI Number Applied For 59-3503858 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 GLAVIN, GRACE ANNE ESQ. Street Address (P.O. Box Number is Not Acceptable) 1340 TUSKAWILLA RD. WINTER SPRINGS FL 32708 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Trüst Fund Contributión. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Delete TITLE Change ☐ Addition TITLE DINGER, DAVID H NAME NAME 2875 S ORANGE AVE #500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change

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 supplier ental report is frue 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 trystee 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.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

☐ Delete

4/22/00

407-872-0533

Change

☐ Addition

Daytime Phone #