2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P98000049867 1. Entity Name MARK S. BLECHMAN, P.A. 02-08-2001 90153 019 ***150.00 Mailing Address Principal Place of Business 1521 MT. VERNON ST. 1521 MT. VERNON ST. ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3543880 Not Applicable \$8.75 Additional Zip Country 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 BLECHMAN, MARK S Street Address (P.O. Box Number is Not Acceptable) 1521 MT. VERNON ST. ORLANDO FL 32803 Zip Code City 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 (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE **PVST** ☐ Delete TITLE BLECHMAN, MARK S NAME NAME STREET ADDRESS STREET ADDRESS 1521 MT. VERNON ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP to does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I hereby certify that the information supplied indicated on this report or supplement of the corporation or the receive of changed, or on an attachme

SIGNATURE