2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P98000050540 1. Entity Name D.E.P. ASSOCIATES, INC. 4-04-2001 90498 049 ***150.00 Principal Place of Business Mailing Address 14025 FAIRWAY ISLAND DR.,#335 14025 FAIRWAY ISLAND DR..#335 137402 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3513665 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, SPHILIP Street Address (P.O. Box Number is Not Acceptable) 14025 FAIRWAY ISLAND DR #335 ORLANDO FL 32837 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change WILLIAMS, DEBRA A NAME NAME STREET ADDRESS STREET ADDRESS 14025 FAIRWAY ISLAND DR.,#335 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 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:

Ph. 12 15 . Null Ams 4/2/01 NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D