FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000051036 1. Entity Name IHI COMMERCIAL CAPITAL CORPORATION 4-26-2001 90085 013 ***150.00 Principal Place of Business Mailing Address 3363 WEST U.S. HWY. 192 (STE. 205) 3363 WEST U.S. HWY. 192 (STE. 205) KISSIMMEE FL 34741 KISSIMMEE FL 34741 80037538 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 59-3519597 Not Applicable Zip 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 James P. Ince INCE, JAMES P Street Address (P.O. Box Number is Not Acceptable) 3363 West. U.S. Hwy 192 3363 WEST U.S. HWY. 192 (STE. 205) KISSIMMEE FL 34741 Suite 205 Zip Code Kissimmee. 34741 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, typed or printed name of registered agent and title if appreable. (NOTS: 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Addition TITLE TITLE Change INCE, JAMES P NAME NAME STREET ADDRESS 3363 WEST U.S. HWY, 192 (STE. 205) STREET ADDRESS CITY - ST - 7:P CITY-ST-ZIP KISSIMMEE FL 34741 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST 76 CITY-ST-ZIP TITLE □ Delete TITE F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition THTLE ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete 71718 ☐ Change ☐ Addition 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 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.