## 2000 UNIFORM BUSINESS REPORT (UBR) FILED P98600053759 May 22, 2000 8:00 am Secretary of State Harn (Lake Mona) Corporation 05-22-2000 90129 042 \*\*\*158.75 Principal Place of Business ipal Place of Business Le 03 Sun Vellage Sukes Frotter Earler and Suite 304 Mailing Address suks Huffner <1>>>1mmee, FL34746 OrlandoFL32812 3. Mailing Address Attacking Et 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE City & State Ocity & State 4. FEI Number Applied For Not Applicable Zip Country FL 32827 \$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 Schroeder, Michael A Esp Street Address (P.O. Box Number is Not Acceptable) 4 O Schroderand Larche, PA 2255 41 ad es Poad-Sistesian Soca Raton, \$133431-73835 inm Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$ 150.00 After MAY 1, 2000 Fee will be \$550.0 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Departmen OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ncilinbA ... NAME STREET ADDRESS CT ND CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS ST-ZIP CITY-ST-7IP Delete Change ☐ Addition ------STREET ADDRESS CT - Zip CITY-ST-ZIP ☐ Delete ППЕ ☐ Change ☐ Addition NAME STREET ADDRESS ST-ZIP City-St-7IP ☐ Delete TIT: F Change Addition NAM: STREET ADDRESS ST-ZIP CITY-ST-ZIP I hereby certify that the information supplinot quality for the exemption stated in Section 119.07(3)(i). Floring Statutes: I further certify that the information are and that my signature shall have the same legal effect as it made under oath that I am an officer or director to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental to the corporation or the receiver or trust / changed, or on an attachment with emnowered. 27tt April 60, 407.856.6838 STAME OF SIGNING OFFICER OR DIRECTOR