2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P98000056957 1. Entity Name QUID PRO QUO LEGAL PLACEMENT SERVICES, INC. 03-21-2000 90013 025 ***150.00 Principal Place of Business Mailing Address 14121 RIVERSTONE DRIVE 14121 RIVERSTONE DRIVE TAMPA FL 33624-2239 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 14925 DEVONSHIRE INOUS PL 4925 DEVONSHIRE-WOODS DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City'& State 59-3519053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33624-223 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPURLOCK, DEBBIE C Street Address (P.O. Box Number is Not Acceptable) 14121=RIVERSTONE-DRIVE 14925 DECONSTINE WOODS ·TAMPA-FL-33624 TAMPA FI. 33624-2239 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. -FILE:NOWHIFFEE:IS:\$150:00 9. This corporation is eligible to satisfy its Intengible-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. 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, ☐ Addition Change ☐ Delete TITLE TITLE SPURLOCK, DEBBIE C NAME 14925 DEUDNShiRE Woods PL. STREET ADDRESS 14121 RIVERSTONE DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL. 33624-2239 CITY-ST-ZIP **TAMPA FL 33624** Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CTTY-ST=20P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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), 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 appowered.

SIGNATURE: A Chiline Chilapur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

President Date 3-2- 2 Dayson