2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101722 Jan 19, 2000 8:00 am Secretary of State CLARK & ROMANO, P.A. 01-19-2000 90303 044 ***150.00 Principal Place of Business Mailing Address 200 E ROBINSON ST 200 E ROBINSON ST ORLANDO FL 32801-1963 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3544894 Not Applicable Country \$8.75 Additional ___ Country Zip 5. Certificate of Status Desired - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, JANE H Street Address (P.O. Box Number is Not Acceptable) 200 E ROBINSON ST STE 1290 ORLANDO FL 32801 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. JANE H. CLARK, president (NOTE. Registered Agent signature red - FILE-NOW!II-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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PT ☐ Change Addition ☐ Delete TITLE CLARK, JANE H NAME NAME STREET ADDRESS 200 E ROBINSON ST STE 1290 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition Delete TITLE TITLE ROMANO, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 200 E ROBINSON ST STE 1290 CITY ST-ZIP ORLANDO-FL-32801 CITY-ST-ZIP-☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

JANUS HICKE ARE CHANGED OF DESCRIPTION OF THE CHARK

/1/11/12000

407 316 8588

Daytime Phone #