2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED DOCUMENT # P9900001473 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name T & M CONSULTANTS, INC. 04-12-2000 90007 040 ***150.00 Principal Place of Business Mailing Address 341 N. MAITLAND AVENUE STE. 120 341 N. MAITLAND AVENUE STE. 120 MAITLAND FL 32751-4761 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business hlan Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 20D City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Grange)ranae Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATZ, LAWRENCE H Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVENUE STE. 120 MAITLAND FL 32751 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 DATE 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99 TITLE Change ■ Addition ☐ Delete TITLE resident NAME NAME MITIS TUTTLE # a00 STREET ADDRESS STREET ADDRESS No Highland CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE 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 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #