2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P9900006565 1. Entity Name RICHARD C. SINGER, P.A. 94-11-2001 90013 030 ***150.00 Principal Place of Business Mailing Address 1329 BEDFORD DR., SUITE ONE 1329 BEDFORD DR., SUITE ONE MELBOURNE FL 32940 MELBOURNE FL 32940 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 -59-3550315---Not Applicable Country Zip 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 Name SINGER, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 1329 BEDFORD DR., SUITE ONE MELBOURNE FL 32940 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. SIGNATURE 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, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Channe NAME SINGER, RICHARD C NAME STREET ADDRESS STREET ADDRESS 1329 BEDFORD DR., SUITE ONE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-7IP TITLE TITLE □ Delete ☐ 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 TITLE ☐ Delete ■ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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: