## .2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000015990 Sep 18, 2000 8:00 am Secretary of State PRACTICE MADE PERFECT. INC. 08-02-2000 90152 008 \*\*\*550.00 09-18-2000 90006 027 \*\*\*550.00 Principal Place of Business Mailing Address 20 N. ORANGE AVE., STE. 1600 20 N. ORANGE AVE., STE, 1600 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Nymber 59-Not Applicable Zip Country Zip Country \$8.75 Additional 6. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ---HARDING-ROBERT-L-Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVE, STE 1600-20 N. Eola Dr. ORLANDO FL 32801 City Zip Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Recistered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR. M. CK A. Lifter D TITLE Change | ☐ Addition TITLE Delete NAME MORGAN, JOHN B NAME STREET ADDRESS 20 N. ORANGE AVE., STE. 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-712 ORLANDO FL 32801 Addition ☐ Change TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Delete TITLE 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 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 empowered.

SIGNATURE:

SCHAFORE PEOURED SIGNATURE AND TYPES OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

7.26-00

Daytime Phone #