2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000017698 May 19, 2000 8:00 am Secretary of State COLVIN & GRUNOR INVESTMENTS, INC. 05-19-2000 90884 001 ***300.00 Mailing Address Principal Place of Business 605 E. ROBINSON ST., STE, 720 605 E. ROBINSON ST., STE, 720 ORLANDO FL 32801 ORLANDO FL 32801-2047 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent COLVIN, R. GREGORY 605 E. ROBINSON ST., STE. 720 ORLANDO FL 32801 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE Signature typed or p agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) PD ☐ Addition ☐ Delete TITLE TITLE COLVIN, R. GREGORY NAME 1000 E. Robinson St STREET ADDRESS STREET ADDRESS 605 E. ROBINSON ST., STE. 710 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Change ☐ Addition TITLE ☐ Delete TITLE NAME GRUNOR, SYLVIA A 1000 E. Robinson St. STREET ADDRESS 605 E. ROBINSON ST., STE. 710 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of rustee errowwered 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:**

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #