### 2001 UNIFORM BUSINESS REPORT (UBR)

#### FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P99000024795 1. Entity Name PETER A. RUSSO & ASSOCIATES, INC. 01-30-2001 90042 025 \*\*\*150.00 Mailing Address Principal Place of Business 2200 WINTER SPRINGS BLVD., SUITE 106 2200 WINTER SPRINGS BLVD., SUITE 106 PMB 350 PMB 350 OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3565442 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOCTOR, JAMES J Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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, 2001 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. Change ☐ Addition ☐ Delete TITLE D TITLE RUSSO, PETER A NAME NAME RUSSO, PETER A. STREET ADDRESS 719 BEAR CREEK CIRCLE STREET ADDRESS 2200 WINTER SPRINGS BLVD. STE 106 PMB350 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 OVIEDO, FLORIDA 32765 Change ☐ Delete TITLE **D** Addition TITLE RUSSO, BARBARA M NAME RUSSO, BARBARA M. NAME STREET ADDRESS 719 BEAR CREEK CIRCLE STREET ADDRESS 2200 WINTER SPRINGS BLVD. STE 106 PMB350 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 OVIEDO, FLORIDA 32765 ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change 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

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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

PED OR PRINTED NAME OF SIGNING OFFICER OR D

☐ Delete

Change

☐ Addition

## LOWNDES DROSDICK DOSTER KANTOR & REED, P.A.

Attorneys at Law

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799000024795

January 18, 2001

CERTIFIED MAIL 7099 3400 0008 0391 7598 RETURN RECEIPT REQUESTED

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report

Dear Madam or Sir:

Enclosed herewith please find the 2001 Uniform Business Report for the corporation listed below, together with a check from our client in the amount of \$150.00 payable to the Department of State representing the filing fee:

### PETER A. RUSSO & ASSOCIATES, INC.

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,

Gall S. Andre

Legal Assistant to

James J. Hoctor

GSA Enclosures: 073021/66681/424725