2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

14203 W. Colonial

P.O. BOX 541585 ORLANDO FL 32854-1585

DOCUMENT # P99000024874

Entity Name

Principal Place of Business

2. Principal Place of Business

4203 W. Colonia

1403 W. PRINCETON ST.

Suite, Apt. #, etc

SIGNATURE:

ORLANDO FL 32804

WESTMONT REALTY SERVICES, INC.

City & State City & State Applied For inter Not Applicable \$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 ROESE, CURT Street Address (P.O. Box Number is Not Acceptable) 1403 W. PRINCETON ST. ORLANDO FL 32804 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12. President TITLE ☐ Delete TITLE NAME 1403 W. Princeton Street STREET ADDRESS STREET ADDRESS 32804 Orlando Florida CITY-ST-ZIP CITY-ST-ZIP President Change ☐ Delete TITI F James W. Rahman NAME NAME STREET ADDRESS 16501 Bay Club Drive STREET ADDRESS CITY-ST-7IP Clermont Florida CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE 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-ZIP ☐ Addition Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90775 001 ***300.00

DO NOT WRITE IN THIS SPACE