2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000032541 May 01, 2000 8:00 am Secretary of State BRESSLER DEVELOPMENT COMPANY, INC. 05-01-2000 90481 048 ***150.00 Principal Place of Business Mailing Address 9419 BELMONT TERRACE 9419 BELMONT TERRACE OVIEDO FL 32765-6175 OVIEDO FL 32765 Principal Place of Business 3. Mailing Address 70 W. Fairbanks Aug DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$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 LUSSIER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 225 EAST ROBINSON STREET SUITE 600 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITLE TITLE ☐ Delete Bressler DAVID E BRESSLER, DAVID E NAME 170 W. Fairbanks Ave. Softe 102 STREET ADDRESS 9419 BELMONT TERRACE STREET ADDRESS CITY-ST-ZIP Winter Park, F1. 32789 CITY-ST-ZIP **OVIEDO FL 32765** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #