2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Mailing Address	FILED 00 OCT 16 PM 1:59
Principal Place of Business Mailing Address	On act to but the
Principal Place of Business Mailing Address	- VU 911 IK PM 1:59
	50 001 10 1N p. 55
6300 HAZELTINE NATIONAL DRIVE 6300 HAZELTINE NATIONAL DRIVE SUITE 100 SUITE 100 ORLANDO FL 32822 ORLANDO FL 32822	SECRETARY OF STATE TALLAHASSEE FLORIDA
	L (RANKARI KIN DANIH KURI BARKA BARKA PARKA MULAP BARKA AHAN ABARA DANIH BULI 1880)
2. Principal Place of Susiness 3. Mailing Address	T I LOUVANG SIA TANA LOTHA BATAL ORIN YORK COLAR KATA CITAR LAGOR TANA ORIN ORIN ORI
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State	4. FEI Number Applied For SG - 357604 Not Applicable
Zip Country Zip Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name	
LAIDDAY THOMAS	(P.O. Box Number is Not Acceptable)
13543 SUNSET LAKES CIRCLE ORLANDO FL 34787	(i.e. sox runner of recordance)
City	FL Zip Code
The above named entity submits this statement for the purpose of changing its registered office or register	<u> </u>
6. THE STORE ISSUED SHIPLY STITLING BIRS STREET WAS THE PULPOSE OF CHEMPING ITS REPORTED OF THE PROPERTY.	area agent, or both, in the older of thereo.
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (MOTE: Registated Agent signature require	ed when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00	
Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$75	
(See criteria on back) Make Check Payable to Department of St. 11, OFFICERS AND DIRECTORS 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D Delete TITLE	Change Addition
NAME MURRAY, THOMAS STREET ADDRESS 13543 SI INSFT LAKES	· .
STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete PATE	Change Addition
NAME GAIN, JAMES STREET ADDRESS STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826	
TITLE	
NAME STREET ADDRESS STREET ADDRESS	·
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Deleta TITLE	☐ Change ☐ Addition
NAME NAME	
STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	•
TITLE Delate TITLE	☐ Change ☐ Addition
NAME NAME	SP
STREET ADDRESS STREET ADDRESS	
CITY-ST-719 - CITY-ST-719	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	section 119.07(3)(i), Florida Statutes. I further certify that the information
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true, and accurate and that my signature shall have the of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with arbother like empowered.	rection 119.07(3)(i), Florida Statutes. I further certify that the information is earne legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 11 or Block 12 if mas R Murray 8-21-00 407 850 7400 Degime Phone 9

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs,

Please be advised that an original report was never received at our business. We ask that you waive any fees and or late charges in consideration of this fact.

Thank you,

8.21.00

Thomas R Murray