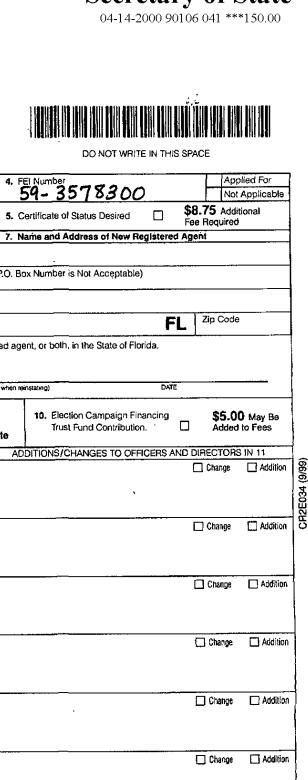
2000 UNIFORM BUSINESS REPORT (UBR) 4/14 DOCUMENT # P99000048955 MADISON & WALL FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business 195 WEKIVA SPRINGS ROAD 195 WEKIVA SPRINGS ROAD SUITE 200 SUITE 200 LONGWOOD FL 32779 LONGWOOD FL 32779-3696 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent BOGLE, SEAN F ESQ. Street Address (P.O. Box Number is Not Acceptable) BOGLE & SCHULMAN, P.A. 706 TURNBULL AVE. SUITE 203 **ALTAMONTE SPRINGS FL 32701** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE ZIRKLE, DODI NAME NAME 195 WEKIVA SPRINGS ROAD SUITE 200 STREET ADDRESS STREET ADDRESS

FILED May 08, 2000 8:00 am Secretary of State



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 accorate 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 confustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter of the property with an address, with all other like empowered.

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TITLE NAME LONGWOOD FL 32779

LONGWOOD FL 32779

195 WEKIVA SPRINGS ROAD SUITE 200

SCHNORF, JAMES

SOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 Date

407-682-2001

Daytime Phone #