2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P9900064804 ADVANCED ARCHITECTURAL DESIGN, INC. 05-14-2001 90235 006 ***150.00 Mailing Address Principal Place of Business 20 WEST ROYAL PALM 20 WEST ROYAL PALM LAKÉ PLACID FL 33852 LAKE PLACID FL 33852 C0064495 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0940255 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Foster NIËLANDËR, WILLIAM J O Box Number is Not Acceptable) 116 E. INTERLAKE BOULEVARD SUITE 101 LAKE PLACID FL 33852 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 FILE NOW!!! FEE(S \$150.00 · 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. OFFICERS AND DIRECTORS 11. Addition **J** Delete TITLE TITLE SULLIVAN, BRIAN NAME NAME 20 WEST ROYAL PALM STREET ADDRESS STREET ADDRESS CITY-ST-7/P LAKE PLACID FL 33852 CITY-ST-ZIP ☐ Addition ☐ Change □ Defete TITLE TITLE FOSTER, GREGG NAME NAME STREET ADDRESS 20 WEST ROYAL PALM STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 pre-life empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

Delete

Gregg Foster, arector

4/30/01

(863) 465-3529

Daytime Phone #

☐ Change

☐ Addition