. 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000068621 ESTATE MANAGEMENT PROFESSIONALS. INC. 03-20-2000 90118 032 ***150.00 Principal Place of Business Mailing Address 233 UNIVERSITY PARK DRIVE 233 UNIVERSITY PARK DRIVE WINTER PARK FL 32792 WINTER PARK FL 32792-4435 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUCHEMIN, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVE., STE. 710 ORLANDO FL 32801 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 M/AY 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 ☐ Addition ☐ De'ete TITLE MCINTOSH, D. BYRON NAME NAME 3901 LAKE MIRAGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP ☐ Addition Change De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition De ete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exempt in 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 certain sequences by Chapter 607, Florida Statutes; and that my same appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered changed, or on an attachment with a ddress, with all

ICER OR DIRECTOR

Daytime Phone #