FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 26, 2001 8:00 am DOCUMENT # P99000069256 **Secretary of State** 1. Entity Name JERE F. DANIELS, P.A. 03-26-2001 90081 005 ***150.00 Principal Place of Business Mailing Address 2431 ALOMA AVE. SUITE 221 2431 ALOMA AVE. SUITE 221 001040 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address P.O. Box 100 200 W. Welborne Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4 Applied For City & State City & State 4. FEI Number 59-3618183 Winter Park, Winter Park, Not Applicable FL 32789 ${f FL}$ 32790 Country Country \$8.75 Additional 5. Certificate of Status Desired 32789 Orange 32790 Orange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIELS, JERE F Street Address (P.O. Box Number is Not Acceptable) 2431 ALOMA AVE, SUITE 221 Welborne Ave., Suite WINTER PARK FL 32792 City Winter Park 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Jere F. Daniels, President SIGNATURE Signature, typed 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition DANIELS, JERE F NAME NAME 200 W. Welborne Ave., Suite 4 STREET ADDRESS STREET ADDRESS 2431 ALOMA AVE, SUITE 221 Winter Park, FL CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32792 TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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.

Jere F. Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

3-23-01

Date

407-677-0740

Daytime Phone #