2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000073752 DOCUMENT # 1. Entity Name 04-21-2003 91178 004 ***150.00 JOSE (JOE) REGUERO BONDING INC. Principal Place of Business Mailing Address P O BOX 607436 P O BOX 607436 ORLANDO FL 32860-7436 ORLANDO FL 32860-7436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-3591462 Not Applicable Country Zio Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jose E. Reguero Sr. REGUERO, JOSE E Street Address (P.O. Box Number is Not Acceptable) 14110 Serena Lake Dr. 2000 CORENA DR ORLANDO FL 32810 Orlando 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition **PVD** TITLE ☐ Defete PVD TITLE REGUERO, JOSE E NAME NAME Reguero, Jose E. Sr. STREET ADDRESS 2000 CORENA DRIVE STREET ADDRESS **Q1**4110 Serena Lake Dr. CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-782 Orlando, Florida 3283 ☐ Delete ☐ Change Addition TITLE TITLE NAME 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-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete* Change - Addition TITLE= TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: