2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900076933 Apr 30, 2000 08:00 AM **Secretary of State** OCALA ESTATE CONSULTANTS, INC. Principal Place of Business Mailing Address 10935 S.E. 177 PL., STE, 204 10935 S.E. 177 PL., STE, 204 SUMMERFIELD SUMMERFIELD FL FL 34491 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3596077 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLHORN MICHAEL DP.A. MUNDIF FRED SPRUCE CREEK PROF. CNTR., STE. 204, 10935 S.E Street Address (P.O. Box Number is Not Acceptable) . 177TH PLACE 10935 SE 177 PL SUMMERFIELD SUTIE 204 34491 City Zip Code SUMMERFIELD 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. 04/30/2000 FRED W. MUNDIE, JR. 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 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STD Delete TITLE STD X Change ☐ Addition MUNDIE FRED EJR. NAME MUNDIE FRED WJR. STREET ADDRESS 10935 S.E. 177 PL., STE. 204 STREET ADDRESS 10935 S.E. 177 PL., STE. 204 CITY-ST-ZIP SUMMERFIELD 34491 CITY-ST-ZIP SUMMERFIELD 34491 TITLE ☐ Delete PΠ TITLE ☐ Change ☐ Addition NAME NAME MILLHORN MICHAEL. STREET ADDRESS 10935 S.E. 177 PL. STE 204 STREET ADDRESS CITY-ST-ZIF SUMMERFIELD FI. 34491 CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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 other like empowered.

CIONATUDE, Fred W Mundie In