2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 08:00 AM Secretary of State DOCUMENT # P9900082753 P. C. FLOW, ENTERPRISES INC. Principal Place of Business Mailing Address 3852 JOHN YOUNG PARKWAY 3852 JOHN YOUNG PARKWAY UNIT 16 UNIT 16 ORLANDO \mathbf{FL} ORLANDO \mathbf{FL} 32808 32808 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 26-5876921 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 COOPER KENNETH 4695 WALLIS ROAD Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL33415 Zip Code 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 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 TITLE ☐ Change ☐ Detete ☐ Addition STD NAME COOPER KENNETH STREET ADDRESS STREET ADDRESS 3852 JOHN YOUNG PARKWAY CITY-ST-ZIP CITY-ST-ZIP **ORLANDO** FL 32808 TITLE Delete TITLE ☐ Change ☐ Addition VD NAME NAME WOODWARD ROBERT GORDAN STREET ADDRESS STREET ADDRESS 3852 JOHN YOUNG PARKWAY CITY-ST-ZIF ORLANDO FL 32808 CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME WOODWARD MARLENE STREET ADDRESS STREET ADDRESS 3852 JOHN YOUNG PARKWAY CITY-ST-ZIP CITY-ST-ZIP **ORLANDO** FL 32808 TITLE ☐ Defete 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-7IP CITY-ST-7/8

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 eath; 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.