2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000088395** 1. Entity Name KSM SOUTHEAST, INC. 04-23-2000 90019 045 ***150.00 Principal Place of Business Mailing Address 7307 SANDSCOVEÇOURT.STE.11 7307 SANDSCOVECOURT.STE.11 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COPELAND, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 631 PALM SPRINGS DR., STE, 115 **ALTAMONTE SPRINGS FL 32701** Zip Code City Burpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE SUTHERLAND, WILLIAM G JR. NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 3222 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32790 ☐ Addition Delete TITLE Mitchell T. Kieppe KLEEPE, MITCHELL T NAME NAME STREET ADDRESS STREET ADDRESS 499 S.W. 12TH AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 33486 Addition ☐ Delete TITLE NAME MCREYNOLDS, DOUGLAS S NAME 4032 Gilder Rose Place Winter Park FL 32792 STREET ADDRESS STREET ADDRESS 567 OSCEOLA AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 a paddless, path all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

SIGNATURE AND/TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR