2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am § Secretary of State DOCUMENT # P99000091147 1. Entity Name 05-15-2002 90162 046 ***150 00 RAY CRUMLEY & ASSOCIATES, INC. Principal Place of Business Mailing Address 4807-2 COACHMAN'S DRIVE 4807-2 COACHMAN'S DRIVE ORLANDO FL 32812 ORLANDO FL 32812 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 59-3601779 Not Applicable Zip Country Zip 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 CRUMLEY, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 4807-2 COACHMAN'S DRIVE ORLANDO FL 32812 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME: () CRUMLEY, RAYMOND NAME 4807-2 COACHMAN'S DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Crumley, wendie J NAME STREET ADDRESS 4807-2 COACHMAN'S DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITHE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

SIGNATURE:

FILED