ீ2000 UNIFORM BUSINESS RÉPORT (UBR) 07-21-2000 90002 001 * DOCUMENT # p99000101366 1. Entity Name FILED CNL OPTION, INC. 00 JUL 21 AM 8: 27 Mailing Address Principal Place of Business **6747 NW 107 TERRACE** 6747 NW 107 TERRACE SECRETARY OF STATE PARKLAND FL 33076 PARKLAND FL 33076 TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable 65-0961902 Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIONDOLILLO KATHY **6747 NW 107 TERRACE** Street Address (P.O. Box Number is Not Acceptable) PARKLANDEFL 33076 Zip Code 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florica. (NOTE, Registered Agent storature recurred when remetating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Chance TITLE Delete NAME HAME BIONDOLILLO KATHY STREET ADVINESS STREET ADDRESS 6747 NW 107 TERRACE CITY-ST-2IF CITY-ST-ZIP PARKLAND FL 33076 Agoillon ☐ Change TIT! F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Addition 11114 ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change □ Delete mle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete HAME STREET ADDRESS STREET ADDRESS C01Y-S7-7/P CHY-SI-ZIP ☐ Change ☐ Adóilion Dekale mi THLE HAME HAM STREET ADDRESS STREET ADDRESS CITY-S1-7# CITY-\$1-71P 13. Thereby certify that the information supplied with this filling 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 it 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 12 it changed, or on an attachment with an address with all other like empowered 10W041CW 7-9-00 954796 SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucylnes Irben C

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CNL OPTION, INC. 6747 NW 107 Terrace Parkland, FL 33076

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: CNL OPTION, INC. EIN#65-0961902 DOCUMENT#P99000101366

Dear Sir or Madam:

Please be advised that the above mentioned corporation's annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporations is allowed to submit a second annual report with the corresponding fee of \$ 150.00.

Please advise.

Your cooperation is appreciated.

Sincerely,

Kathy Biondol

КВ/ге