2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000102 752 FILED May 31, 2000 8:00 am INETCLAIMS, INC. **Secretary of State** 05-31-2000 90068 016 ***150.00 Mailing Address
1630 My-tle Luke Hills Principal Place of Business 1630 Myrtle Luke Hills Longwood, FL 32750 Longwood, FL 32750 80100560 2. Principal Place of Business
1630 Myntle Lake 4.1/s
Suite, Apt. #, etc. 3. Mailing Address
1630 Myrtle Lake Hils Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Long wood Applied For Çity & State 4. FEI Number 59-3608496 -ugu-od Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 32750 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Walter house Steven D. Street Address (P.O. Box Number is Not Acceptable) Zip Code 32 750 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. Steven D. Waltuhouse President

Olicable (NOTE: 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. fresident **⊠** Addition ☐ Change TITLE ☐ Delete TITLE Steven D. Walterhouse NAME NAME 1630 Myntle Lake Hills STREET ADDRESS STREET ADDRESS Longwood, FL 32750 CITY-ST-ZIP CITY-ST-ZIP Vice President Kutherine S. Walterhouse Addition Change ☐ Delete TITLE TITLE NAME NAME 1630 Myrtle Lake Hills STREET ADDRESS STREET ADDRESS Longwood, FL 32750 CITY-ST-ZIP CITY-ST-7IP Secretary Steven D. Walterhouse Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME 1630 Mynthe Lake Hills STREET ADDRESS STREET ADDRESS Longwood FL 32750 CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 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. Steven D. Walten house

SIGNATURE: