FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 06, 2001 8:00 am DOCUMENT # P99000109457 **Secretary of State** 1. Entity Name THE BURGOYNE CORPORATION 02-06-2001 90229 032 ***150.00 Principal Place of Business Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 302 717 EAST OAK STREET LONGBOAT KEY FL 34228 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address 4401 White Oak Circle 4401 White Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0969220 KISSIMMEE Not Applicable CISSIMMEE \$8.75 Additional 5. Certificate of Status Desired ÚSA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGOYNE, PAUL Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete BURGOYNE, PAUL NAME NAME 4401 White Oak Grale 4134 GULF OF MEXICO DRIVE SUITE 302 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LONGBOAT KEY FL 34228 CITY-ST-ZIP Kissimmet, FL 34746 Delete TITLE TITLE Christine Burgoyne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-01

□ Change

Addition