2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # \$16833** 1. Entity Name S & C EAST, INC. 01-19-2000 90125 003 ***150.00 Mailing Address Principal Place of Business 513 HIGHLAND DR 513 HIGHLAND DR 901098 CASSELBERRY FL 32707 CASSELBERRY FL 32707-4513 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3054927 Not Applicable Zip Country Zip 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 BARONE, WALTER E Street Address (P.O. Box Number is Not Acceptable) 513 HIGHLAND DR CASSELBERRY FL 32707-1513 Zio Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. ☐ Change ☐ Addition TITLE ☐ Delete TITI F BARONE, WALTER E NAME NAME STREET ADDRESS STREET ADDRESS 513 HIGHLAND DR CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE T NAME BARONE, EDNA NAME STREET ADDRESS STREET ADDRESS 513 HIGHLAND DR CITY-ST-7IP CITY-ST-ZIP CASSELBERRY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DONNELLY, SANDRA R NAME STREET ADDRESS STREET ADDRESS 709 BROCKWAY AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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.

SIGNATURE:

407-381-4490

Daytime Phone #