2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$50103 May 08, 2000 8:00 am Secretary of State FLORIDIAN INVESTMENT CONSULTANTS, INC. 05-08-2000 90105 028 ***150.00 Principal Place of Business Mailing Address 14250 COLONIAL GRAND BLVD 11912 RACE TRACK ROAD APT. 2902 TAMPA FL ORLANDO FL 32837-4889 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3074636 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'NEILL, BERNARD C JR Street Address (P.O. Box Number is Not Acceptable) 200 EAST ROBINSON STREET SUITE 865 ORLANDO FL 32801 FL 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) DATE ·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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MITCHELL, MICHAEL J NAME 14250 COLONIAL GRAND BLVD., #2902 STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MITCHELL, JOYCE G NAME NAME 15420 COLONIAL GRAND BLVD., #2902 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Addition ☐ Change Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 HARL J. MHCHE SIGNATURE: