2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # S50103 1. Entity Name 05-23-2002 90112 007 ***150 00 FLORIDIAN INVESTMENT CONSULTANTS, INC. Principal Place of Business Mailing Address 11912 RACETRACK RD 11912 RACETRACK RD TAMPA FL 33626 TAMPA FL 33626 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3074636 Not Applicable Country Country _ Zip **\$8.75** Additional _ 5. Certificate of Status:Desired - - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'NEILL, BERNARD C JR Street Address (P.O. Box Number is Not Acceptable) 200 EAST ROBINSON STREET **SUITE 865** ORLANDO FL 32801 City Zip Code 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE Change | NAME NAME MITCHELL, MICHAEL J STREET ADDRESS STREET ADDRESS 14250 COLONIAL GRAND BLVD., #2902 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete Change ☐ Addition NAME NAME MITCHELL, JOYCE G STREET ADDRESS STREET ADDRESS 15420 COLONIAL GRAND BLVD., #2902 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete __ TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

FILED

Michael J. Mitchell 4-30002 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 serviced 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

SIGNATURE: