2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am § Secretary of State DOCUMENT # S58109 1. Entity Name 05-01-2002 91532 019 ***150 00 FADDIS, OLDHAM & SMITH, P.A. Principal Place of Business Mailing Address 100 S ORANGE AVE 100 S ORANGE AVE **STE 200** STE 200 ORLANDO FL 32801-2328 ORLANDO FL 32801-2328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3077830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FADDIS, ERIC H. Street Address (P.O. Box Number is Not Acceptable) 100 S ORANGE AVE STE 200 ORLANDO FL 32801 City Zip Code FL 8. The above named en for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition FADDIS, ERIC H. N/ME NAME 100 S. ORANGE AVE., STE 200 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 half eport 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 passes of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supple of the corporation or the receiver

CITY-ST-ZIP

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER

FILED