2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$91916 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name INTERNATIONAL MANAGEMENT AND CONSULTING CORPORAT 09-18-2000 90014 032 ***550.00 Principal Place of Business Mailing Address P.O. BOX 618546 P.O. BOX 618546 ORLANDO FL 32861-8546 ORLANDO FL 32861-8546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3128748 Not Applicable Zip Country 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 YOUNG, MARY ANN Street Address (P.O. Box Number is Not Acceptable) 438 SPINNAKER DRIVE -ORLANDO FL 32835-1006 Periwinkle Ct. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П 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 11. 12. (2/00)**PCEO** Change ☐ Addition TITLE ☐ Delete TITLE NAME young, mary ann NAME 1006 Periwinkle Ct. STREET ADDRESS 438 SPINNAKER DRIVE STREET ADDRESS Celebration, FL 34747 CITY-ST-ZIP CITY-ST-ZIP -ORLANDO-FL-Addition ST ☐ Delete TITLE TITLE 3432 Ferlong way CARLSON, KIM NAME NAME STREET ADDRESS STREET ADDRESS 6608 WHIRLAWAY CIR: CITY-ST-ZIP CITY-ST-7IP -ORLANDO FL Delete TITLE TITLE YAWMAN, GREGG NAME NAME 9220-5abal-Palm-Cr. STREET ADDRESS STREET ADDRESS 0220 SUBA PALM CIRCLE Windermere, FL 34786 CITY-ST-ZIP CITY-ST-ZIF -ORLANDO-FL-☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITI F NAME 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, with all other like empowered.

SIGNATURE:

SICHATURE TYPEO MOPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

(407) 298-2989

Daytime Phone #