2003 FOR PROFIT CORPORATION

Mailing Address

41 WEST CHURCH STREET

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21085 1. Entity Name

Principal Place of Business

41 WEST CHURCH STREET





SUITE 200 SUITE 200 ORLANDO FL 32801 ORLANDO FL 32801 US US 2. Principal Place of Business 3. Mailing Address 100 EAST PINE STREET 100 EAST PINE STREET Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3116074 Not Applicable Country SA \$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 61650N, WARK I GIBSON, MARK I Street Address (P.O. Box Number is Not Acceptable) 41 W. CHURCH STREET **SUITE #200** SVITE 608 ORLANDO FL 32801 OF LANDO 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. I am familiar with, and accept the obligations of registered agent. I. GIBSON SIGNATURE Signature, typed or printed na FILE NOW!!! FEE IS \$158-00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE TITLE NAME NAME GIBSON, MARK I 100 EAST PINE STREET, SUITE 608 STREET ADDRESS STREET ADDRESS 41 CHURCH STREET, #200 OFLANOD, FL 32801 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE TITLE 100 EAST PINE STREET, SUITE 608 NAME NAME REVELLE, GUY STREET ADDRESS STREET ADDRESS 41 W. CHURCH STREET CITY-ST-7IP OFLANDO, FL 32801 CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90061 025 ***150.00

TIMODOTY

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)