CR2E034 (9/01

2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am DOCUMENT # V70761 **Secretary of State** 1. Entity Name 03-29-2002 90203 024 ***150 00 IVAN INVESTMENTS OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 2310 E CONCORD STREET 2310 E CONCORD STREET ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3145487 Not Applicable Zip Country 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 SCHLUNDT-BODIEN SUSANA W Street Address (P.O. Box Number is Not Acceptable) 2310 E CONCORD STREET ORLANDO FL 32803 Zip Code City 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE SCHLUNDT-BODIEN, SUSANA W. NAME NAME STREET ADDRESS 2310 E. CONCORD ST. STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE VTSD ☐ Delete TITLE ☐ Change ☐ Addition SCHLUNDT-BODIEN, JEFFREY J. NAME STREET ADDRESS 2310 E. CONCORD ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

3-07-02-407-898-1699