2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # 320932** ABC RESEARCH CORPORATION 03-02-2000 90099 031 ***150.00 Mailing Address Principal Place of Business 2772 NW 43 ST. 2772 NW 43 ST. CAIMESVILLE FL 32606 GAINESVILLE FL 32606-7434 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1198951 Not Applicable \$8.75 Additional Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLDEN, CHARLES I. JR. Street Address (P.O. Box Number is Not Acceptable) 2772 NW 43 ST STE S **GAINESVILLE FL 32606** 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back),..., -Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE BROWN; AGNES F. NAME STREET ADDRESS STREET ADDRESS 3437 SW 24TH AVENUE CITY-ST-7IP CITY-ST-ZIP **GAINSVILLE FL** ☐ Addition ☐ Change TITLE □ Delete TITLE HOLDEN, CHARLES I JR. NAME NAME STREET ADDRESS 2772-NW ST. STE. S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL 32606** ☐ Delete TITLE Change Addition TITLE BROWN, RICHARD L. NAME NAME STREET ADDRESS 3437 SW 24TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINSVILLE FL ☐ Change Addition Delete TITLE TITLE BROWN, WILLIAM L NAME NAME STREET ADDRESS STREET ADDRESS 3437 SW 24TH AVENUE CITY-ST-ZIP CITY-ST-7IP **GAINSVILLE FL** Delete Change ☐ Addition TITLE TITLE NAME DODD, WAYNE NAME STREET ADDRESS STREET ADDRESS 3437 SW 24TH AVENUE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Delete TITLE Change Addition

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 epptr 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR