2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # 381523 Feb 01, 2000 8:00 am **Secretary of State** DENTON FRENCH & DANIEL, INC. 02-01-2000 90110 033 ***150.00 Principal Place of Business Mailing Address 3817 W HUMPHREY AVE #202 3817 W HUMPHREY AVE #202 TAMPA FL 33614-1988 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1352442 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DENTON, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 3817 W HUMPHREY AVE #202 TAMPA FLORIDA FL 33614 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DENTON, ROBERT H. NAME STREET ADDRESS STREET ADDRESS 3817 W. HUMPHREY AVE. #202 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME DANIEL, CLAY W STREET ADDRESS STREET ADDRESS 3817.W HUMPHREY AVE #202 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Wmi Well-Roberti H. Denton, CEO

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

(813) 933-1810