## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # F18141** May 17, 2000 8:00 am Secretary of State C.P.R. ENTERPRISES, INC. 05-17-2000 90913 007 \*\*\*150.00 Principal Place of Business Mailing Address 821 E OLEANDER ST 821 E OLEANDER ST P.O. BOX 211 P.O. BOX 211 LAKELAND FL 33801-5136 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2066640 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHOADS, RUSSELL W JR Street Address (P.O. Box Number is Not Acceptable) 1220 BRIGHTON WAY LAKELAND FL 33813 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 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 Addition TITLE Change RHOADS, RUSSELL W JR NAME NAME 1220 BRIGHTON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL X Delete ☐ Change ☐ Addition NAME PAUL, CRAIG E NAME 6733 EAGLELAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ☐ Addition TITLE TITLE NAME RHOADS, RUSSELL W SR NAME STREET ADDRESS 6601 SHADOWWOOD RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7tP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 27 00 1-863-688-36
Daytime Phone #