2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F9900005393 Mar 09, 2000 8:00 am Secretary of State CUE, INC. 03-09-2000 90109 038 ****61.25 Mailing Address Principal Place of Business 2614 LAKELAND HILLS BLVD. STE #3 2614 LAKELAND HILLS BLVD. STE #3 LAKELAND FL 33805 LAKELAND FL 33805-2249 $v \approx v \cdot v \cdot v \cdot v$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 56-1916998 Not Applicable Zip Country \$8.75 Additional Zip 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 Street Address (P.O. Box Number is Not Acceptable) Worth, Arthur E 2614 LAKELAND HILLS BLVD., STE #3 LAKELAND FL 33805 City Zip Code 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. ALL TO LUNE DE COMPANY SHEETS SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) with site of the Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE TITLE 🔼 Delete MEREDITH, ANDREW T NAME NAME STREET ADDRESS STREET ADDRESS 6850 COUNTY ROAD, #2660 see attached LIST CITY-ST-ZIP CITY-ST-ZIP MOUNTAIN VIEW MO ☐ Delete TITLE ☐ Addition TITLE ACKERMAN, CHARLIE NAME NAME STREET ADDRESS STREET ADDRESS 8101 DORCHESTER RD CITY-ST-ZIP1 CITY-ST-7IP CHARLESTON SC ☐ Addition □ Change D Delete TITLE TITLE NAME GILL, BRIAN W NAME STREET ADDRESS STREET ADDRESS 3098 BAYWOOD DRIVE CITY-ST-7IB CITY-ST-ZIP SEABROOK ISLAND SC ☐ Addition Delete Change TITLE TITLE NAME GROOM, TOM NAME STREET ADDRESS STREET ADDRESS 983 NISSAN DRIVE CITY-ST-ZIP CITY-ST-ZIP SMYRNA TN ☐ Change ☐ Addition TITLE Delete TITLE HOFFMAN, PAUL E NAME STREET ADDRESS 7201 HAMILTON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALLENTOWN PA Delete ☐ Change ☐ Addition TITLE CAREY, JAMES F NAME STREET ADDRESS 275 EAST PARK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TONAWANDA NY 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with an address, with all other like empowered. changed, or on an attachmen

ARTHUR-E. WORTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-7-00

Date

941-683-4283

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(C) 23663

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