2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K01994 1. Entity Name

FILED Feb 03, 2000 8:00 am

JERRY ULM DODGE, INC.						Secretary of State 02-03-2000 90036 049 ***158.75					
Principal Place		Mailing Address			-		02 00 200		.,		
2966 NO DALE MABRY % J. BOB HUMPHRIES 501 EAST KENNEDY BLVD. SUITE 1700 501 EAST KENNEDY BLVD. S TAMPA FL 33607 TAMPA FL 33602-5239 US				700							
2. Principal Place of Business		3. Mailing Address]						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7		DO NOT WE	RITE IN THIS	SPACE		
City & State		City & State			4. F	El Number	59-28558	34		pplied For lot Applicable]
Zip	Country	Zip	Coun	try	5 . C	ertificate of	Status Desired	: 🔯	\$8.75 Ac		1
- <u></u> -	-6 Name and Address of Current	Registered Agent	<u></u>	Name	7N	ame and A	ddress of New	Registered	Agent		-
HUMPHRIES, BOB J				Street Address (P.O. Box Number is Not Acceptable)							
FOW	ler white gillen Boggs Villa East Kennedy Blvd., Suite 170			Stratification (1.6. Southerness in territorial)							-
	PA FL 33601	NO.		City	_			FL	Zip Co	de	1
8. The above	named entity submits this statement fo	r the purpose of changing it	s registere	ed office or registe	ered age	ent, or both,	in the State of	Florida.			1
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	ad when rei	nstating)		DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			ate		ion Campaign I Fund Contribut			00 May Be ed to Fees	
11,	OFFICERS AND		12.			DITIONS/C	HANGES TO O	FFICERS ANI	D DIRECTO		1 _
TITLE NAME STREET ADDRESS	D/P ULLM, GERALD H JR. 2966 N DALE MABRY	Delete		l					☐ Change	☐ Addition	DE034 (0/00
CITY-ST-ZIP	TAMPA FL D/S	□ Delete	TITL						Change	Addition	ქ <u>მ</u>
NAME STREET ADDRESS CHY-ST-ZIP	ULM, CAROLYN J 2966 N DALE MABRY TAMPA FL			E EET ADORESS -ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUMPHRIES, BOB J 501 E KENNEDY #1700 TAMPA FL	Delete			-			`	☐ Change	Addition] -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ULM, VENA M 2966 N DALE MABRY TAMPA FL	☐ Delete			_			···	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPATE	☐ Delete	TITLI NAM STRE	E					☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRA	<u> </u>	. <u> </u>				☐ Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	true and accurate and that	my signa rt as requi	ture shall have the	same i	edal effect a	as it made unde	er oath: that (am an onice	er or airector	

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. Bob Humphries, Asst. Secretary

1/26/00

(813) 222-1173

Daytime Phone #