2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # K60893** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** ONEZ O'NEAL & ASSOCIATES, INC. 02-29-2000 90134 007 ***150.00 Mailing Address Principal Place of Business 182 MEADOW RIDGE DRIVE P.O. BOX 2274 TALLAHASSEE FL 32312 TALLAHASSEE FL 92916-2274 2. Principal Place of Business 3. Mailing Address 82 Meadows 82 Meadows Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ÍΑ NIA Cit & State City & State 4. FEI Number Applied For 59-2964618 TALLA HASSE E TALLAH A Not Applicable Country \$8.75 Additional Ζip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'NEAL, ONEZ Street Address (P.O. Box Number is Not Acceptable) 182 MEADOW RIDGE DR TALLAHASSEE FL 32312 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. 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 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. **DPST** Change Addition TITLE Delete TITLE NAME O'NEAL, ONEZ NAME STREET ADDRESS STREET ADDRESS 182 MEADOW RIDGE DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Addition 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 ☐ Delete TIT) F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change DDE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

02 -16-00 Date