2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81221 Mar 14, 2000 8:00 am 1. Entity Name Secretary of State **BLIVAS, FIALA & ROWE, CHARTERED** 03-14-2000 90013 039 ***150.00 Principal Place of Business Mailing Address 1266 FIRST ST. 1266 FIRST ST. SARASOTA FL 34236-5519 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-2702283 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BLIVAS, DONALD ROSS** Street Address (P.O. Box Number is Not Acceptable) 1266 FIRST ST. SARASOTA FL 34236 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 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 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Addition Change TITLE □ Delete TITLE BLIVAS, DONALD R. NAME NAME STREET ADDRESS 1266 1ST ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP VST ☐ Delete Change Addition FIALA, FREDRIC W. NAME 1266 1ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Delete D TITLE Change Addition TITLE FIALA, FREDRIC W. NAME NAME 1266 1ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP VDR ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROWE, JOHN E. NAME NAME 1266 1ST ST STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

XICW. FIALA 3/6/00 941 952 196