2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N94000002401 Mar 20, 2000 8:00 am Secretary of State 1. Entity Name E.A.R.S., INC. 03-20-2000 90119 025 ****61.25 Principal Place of Business Mailing Address P O BOX 814 5430 16TH STREET E. ONECO FL 34264-0814 BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0486127 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARLIN, TERRY 213 -33RD ST W. PALMETTO FL 34221 Zip Code City 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 ne of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$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 10. 11. X Addition Change TS ☐ Delete TITLE TITLE STROUP, HELEN NAME NAME STREET ADDRESS STREET ADDRESS 905 64TH ST W CITY-ST-ZIP CITY-ST-ZIF BRADENTON FL ☐ Delete TITLE MARKHAM, THOMAS J NAME NAME STREET ADDRESS 5013 W. LOCKWOOD RIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME INGLES, WILLIAM NAME STREET ADDRESS STREET ADDRESS 3510 OXFORD DR W. CITY-ST-ZIP CITY~ST-7/P BRADENTON FL 34205 ▼ Change ☐ Addition ☐ Delete TITLE TITLE STROOP, GUY NAME NAME STREET ADDRESS STREET ADDRESS 905 -64TH ST W. CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34209** Change Addition Delete TITLE TITLE HARLIN, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 213 33RD STREET W. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Change Addition Delete TITLE TITLE NAME SANDERS, JOE NAME STREET ADDRESS 5911 -18TH ST E. #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ELLENTON FL 34222**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helsign Strops Bit 2 19106

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