2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2002 8:00 am Secretary of State P94000046942 DOCUMENT # 1. Entity Name 01-31-2002 90094 013 ***150.00 CHARLES M. THURMAN, CLU, INC. Principal Place of Business Mailing Address 138 N MOON AVE #A P. O. BOX 1666 BRANDON FL 33510 SEFFNER FL 33583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3251346 Not Applicable Zip Country 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 THURMAN, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 138 N. MOON AVE, STE A **BRANDON FL 33511** 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ■ Addition THURMAN, CHARLES M NAME NAME 116 W BLOOMINGDALE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME THURMAN, MARLENE K NAME STREET ADDRESS 116 W BLOOMINGDALE AVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME

13. I hereby certify that the information supplied with this filling 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.

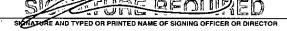
CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #