2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2000 8:00 am Secretary of State DOCUMENT # **P95000000017** O'HAIRE, QUINN & CANDLER, CHARTERED 03-31-2000 90051 013 ***150.00 Principal Place of Business Mailing Address 3111 CARDINAL DRIVE PO BOX 4375 VERO BEACH FL 32963 VERO BEACH FL 32964 [[6921996 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0549320 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANDLER, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 3111 CARDINAL DR VERO BEACH FL 32963 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition ☐ Delete TITLE TITLE O'HAIRE, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 575 HWY A-1-A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition ☐ Delete Change TITLE QUINN, JEROME D NAME STREET ADDRESS STREET ADDRESS 308 LIVE OAK RD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ▼ Change ☐ Addition TITLE TITLE ☐ Delete Candler, Richard B. NAME CANDLER, RICHARD B NAME STREET ADDRESS 595 Hwy. AlA STREET ADDRESS 797 CAMELIA LN CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Vero Beach, FL 32963 ☐ Change **∡** Addition TITLE TITLE Delete NAME NAME Casalino, Gregg M. STREET ADDRESS STREET ADDRESS 2555 20th Avenue CITY-ST-ZIP CITY-ST-7IP Vero Beach, FL 32960 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachme

SIGNATURE: