2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R95000084398 W-14624

APPROVED AND FILED

09-12-2000 90240 037 *1,058.75

00 OCT -6 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name: The BullEk Corporation of South Carolina

Principal Place of Business | Mailing Address

2. Principal Place of Business: 1211 12th Street
Suite, Apt. #, etc.
City & State: St. Cloud, FL
Zip: 34769 Country:

3. Mailing Address: PO Box 700068
Suite, Apt. #, etc.
City & State: St. Cloud, FL
Zip: 34770 Country:

REINSTATEMENT 08-00

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3379086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

David Piercefield
230 Lookout Place, Suite 200
Maitland, FL 32751

7. Name and Address of New Registered Agent

Name: Ronald C. Eken
Street Address (P.O. Box Number is Not Acceptable): 29 East 13th Street
City: St. Cloud FL Zip Code: 34769

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] Ronald C. Eken 10/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ronald C. Eken	NAME	
STREET ADDRESS	1211 12th Street	STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, FL 34769	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Stephen L. Shaffer	NAME	
STREET ADDRESS	1211 12th Street	STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, FL 34769	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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.

KE

SIGNATURE: [signature] STEPHEN L SHAFFER 4/28/00 407-892-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

9/15