2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000045181** Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** JACK CROBAUGH & ASSOCIATES, INC. 03-07-2000 90034 004 ***150.00 Principal Place of Business Mailing Address 2213 PINE TREE DRIVE 2213 PINE TREE DRIVE EDGEWATER FL 32141 **EDGEWATER FL 32141-4501** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3389908 Not Applicable Zip Country Zip 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 CROBAUGH, JACK Street Address (P.O. Box Number is Not Acceptable) 2213 PINE TREE DRIVE **EDGEWATER FL 32141** SINGET 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 (NOTE: Registered FILE NOW!!! FEÉ 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change TITLE CROBAUGH, JACK NAME NAME STREET ADDRESS STREET ADDRESS 2213 PINE TREE DRIVE CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** ☐ Addition ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition -- Change _TITLE_ --- Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

SIGNIMA OFFICER OR DIRECTOR