2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P96000054464** BRUNT & COMPANY, P.A., CPA'S 03-15-2000 90055 050 ***150.00 Mailing Address Principal Place of Business 6365 TAFT STREET 6365 TAFT STREET 3003 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024-5960 3.34 HS **北部以来** 19 がなし 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3003 Applied For City & State 4. FEI Number City & State 65-0674666 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUNT, JOHN H Street Address (P.O. Box Number is Not Acceptable) 6365 TAFT STREET STE. 3003 HOLLYWOOD FL 33024 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 П 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. 11. **Addition** ☐ Change ☐ Delete TITLE NAME BRUNT, JOHN H NAME STREET ADDRESS STREET ADDRESS 6365 TAFT STREET, STE. 3003 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL ☐ Change ▼ Addition TITLE ☐ Detete TITLE NAME NAME BRUNT, BRUCE A STREET ADDRESS STREET ADDRESS **6365 TAFT STREET, STE. 3003** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ~-- 🗖 Delete TITLE TITLE JOHN T LANCASTER NAME G365 TAPT Street, STE 3003 Hollywood, Fe 33024 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Addition De'ete TITLE HARTMAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP