## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # **P96000102299** KAKLIS, REID, VENABLE AND WITT, P.A. 01-14-2000 90034 041 \*\*\*150.00 Principal Place of Business Mailing Address 1400 4TH AVENUE WEST 1400 4TH AVENUE WEST **BRADENTON FL 34205-7508** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0715625 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAKLIS, V. WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1400 4TH AVENUE WEST **BRADENTON FL 34205** 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. S!GNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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, 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 11. ☐ Change Addition TITLE ☐ Delete TITLE KAKLIS, WILLIAM V ... NAME NAME 2102 7TH STREET, W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL Addition **VSD** Change ☐ Delete TITLE REID. EDWARD O NAME NAME 206 20TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Delete TITLE Change Addition TITLE VENABLE, JOSEPH P NAME STREET ADDRESS 1532 84TH STREET, NW STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IF **BRADENTON FL** ۷D ☐ Change Addition ☐ Delete TITLE TITLE WITT. RONALD E NAME NAME STREET ADDRESS 704 23RD AVENUE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL Change Addition TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change TITLE Delete TIT! F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. SIGNATURE:

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