2000 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # **P97000059699** THE LAW OFFICE OF MARY KANE, P.A. 05-30-2000 90054 032 ***550.00 Mailing Address Principal Place of Business 1501 PARK AVE. EAST 1725 E MAHAN DR TALLAHASSEE FL 32308-5201 IALLAHASSEE FL 32308 same as a lace of bus mess 2. Principal Place of Business E. Mohon Dive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Apt. #, etc Applied For 4. FEI Number City & State 84-1226991 Not Applicable 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 KANE KANE, MARY A Street Address (P.O. 1501 PARK AVE. EAST TALLAHASSEE FL 32301 FL 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 Agent signature required when reinstating) 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 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. 1.034 (9/99 ☐ Change Addition ☐ Delete TITLE TITLE KANE, MARY NAME NAME 4725 E-MAHAN DR-#115 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TALLAHASSEE FL 32308 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 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: