## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P99000050961 RICHARD AND JONNIE VANATTA, P.A. RICHARD RALPH VANATTA, P.A. 04-25-2000 90035 039 \*\*\*150.00 Principal Place of Business Mailing Address 315 S PALMETTO AVE 315 S PALMETTO AVE DAYTONA BEACH FL 32114-4919 DAYTONA BEACH FL 32114 · • 4 4 % 2. Principal Place of Business 3. Mailing Address 2664 Slow Flight Drive 2664 Slow Flight Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Daytona Beach, Florida 4. FEI Number 59-3562352 Applied For City & State Daytona Beach, Florida Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired US 32124 US Fee Required 32124 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOSTER, WALTER E III Street Address (P.O. Box Number is Not Acceptable) 315 S PALMETTO AVE DAYTONA BEACH FL 32114 Zip Code City 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. 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 \$5:00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change Addition ☐ Detete TITLE TITLE Director NAME NAME Richard Ralph Vanatta 26.64 Slow Flight Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, Florida 32124 ☐ Delete Change ☐ Addition TIT! F NAME 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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