2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101366

1. Entity Name

CNL OPTION, INC.

FILED
00 JUL 21 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6747 NW 107 TERRACE PARKLAND FL 33076	6747 NW 107 TERRACE PARKLAND FL 33076

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

07/21/00 90002 001 150.00

4. FEI Number: 65-0961902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIONDOLILLO KATHY
6747 NW 107 TERRACE
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 Kathy Biondolillo KATHY BIONDOLILLO 7/9/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIONDOLILLO KATHY 6747 NW 107 TERRACE PARKLAND FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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.

SIGNATURE: Kathy Biondolillo KATHY BIONDOLILLO 7-9-00 954 796 9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
D#P99000101366
DW71238

CNL OPTION, INC.
6747 NW 107 Terrace
Parkland, FL 33076

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: CNL OPTION, INC.
EIN#65-0961902
DOCUMENT#P99000101366

Dear Sir or Madam:

Please be advised that the above mentioned corporation's annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporations is allowed to submit a second annual report with the corresponding fee of $ 150.00.

Please advise.

Your cooperation is appreciated.

Sincerely,

Kathy Biondolillo

KB/re