FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # V48346** MITTAUER & ASSOCIATES, INC. 01-18-2000 90182 032 ***158.75 机合作量 计线点点 Principal Place of Business Mailing Address 1202 KINGSLEY AVE. KINGSLEY AVE. **ORANGE PARK FL 32073-4632** 900519 **SUITE 102 ORANGE PARK FL 32073** US 3. Mailing Address 2. Principal Place of Business 4611-4 U.S. Highway 17 4611-4 U.S. Highway 17 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3134981 FLNot Applicable Orange Park, Orange Park. Country \$8.75 Additional 5. Certificate of Status Desired 32073 32073 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITTAUER, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 3130 NAUTILUS ROAD MIDDLEBURG FL 32068-9674 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. 1-11-00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (Seé criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Change ☐ Delete TITLE MITTAUER, JOSEPH A. NAME NAME 3130 NAUTILUS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Joseph A. Mittauer
GNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition