2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P94000059065** Jan 20, 2000 8:00 am **Secretary of State** CYNTHIA N. SASS, P.A. 01-20-2000 90135 013 ***150.00 Principal Place of Business Mailing Address 100 SO. ASHLEY DRIVE STE, 1180 100 SO. ASHLEY DRIVE STE. 1180 TAMPA FL 33602-5300 TAMPA FL 33602 00006138 Principal Place of Business 3. Mailing Address 12 South Armenia AVE DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3261503 lore Piorid Not Applicable cumpa \$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 Name SASS, CYNTHIA N 100 SO. ASHLEY DRIVE STE. 1180 **TAMPA FL 33602** City 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) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Change ☐ Delete TITLE SASS, CYNTHIA N NAME NAME 100 SO. ASHLEY DRIVE STE. 1180 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP tampa Florid CITY-ST-ZIP **TAMPA FL 33602** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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 like empowered.

SIGNATURE: