## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F92000000263 May 15, 2000 8:00 am Secretary of State **ROBINS & MORTON CORPORATION** 05-15-2000 90256 011 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 59289 400 SHADES CREEK PKWY BIRMINGHAM AL 35259-9289 STE 200 BIRMINGHAM AL 35209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1076742 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD X Change ☐ Addition TITLE TITLE Delete GORDON, WAYNE NAME 400 Shades Creek PKWy, Ste 200 NAME STREET ADDRESS 1901 ROBINS DRIVE STREET ADDRESS Birmingham AL 35209 CITY-ST-ZIP **BIRMINGHAM AL 35209** CITY-ST-ZIP STD **X** Change ☐ Addition ☐ Delete TITLE GORDON, WAYNE NAME 400 shades Creek PKWY, Ste 200 1901 ROBINS DRIVE STREET ADDRESS STREET ADDRESS Birmingham AL 35209 CITY-ST-ZIP **BIRMINGHAM AL 35209** CITY-ST-ZIP TITLE ☐ Delete TITLE MORTON, BILL NAME NAME 400 shades Creek PKWY, Ste 200 1901 ROBINS DRIVE STREET ADDRESS STREET ADDRESS Birmingham AL 35209 **BIRMINGHAM AL 35209** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify to 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 frugge empowered to effect 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

ayne Gordon 4/24/00