2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Jan 12, 2000 8:00 am **DOCUMENT # 322378** 1. Entity Name **Secretary of State** URIE, INC. 01-12-2000 90053 043 ***150.00 Principal Place of Business Mailing Address 112 LAKE REGION CIRCLE 112 LAKE REGION CIRCLE WINTER HAVEN FL 33881-9535 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1197236 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COPPS, HENRY L. JR. Street Address (P.O. Box Number is Not Acceptable) 112 LAKE REGION CIRCLE WINTER HAVEN FL 33881 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE COPPS, HENRY L. JR. 112 Lake BBGION Citcle WINTER HAVEN Fl. 33881 NAME STREET ADDRESS **461 LAS CRUCES** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL ☐ Delete Change Addition TITLE COPPS, JONATHAN V. NAME NAME 4558 FORSYTHE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE COPPS, DAVID H. NAME NAME 1902 NELSON CIRCLE, W: -STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS 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 cath; 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PORTS OF JOHN DATE OF JOHN DAT