2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # 347913 GADSDEN COUNTY TIMES, INC. 02-01-2000 90054 011 ***150.00 Mailing Address Principal Place of Business 15 S MADISON P.O. BOX 790 QUINCY FL 32353-0790 **OUINCY FL 32351** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTHEW, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable) 129 BUENA VISTA DRIVE SOUTH **DUNEDIN FL 34698** 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 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 11. 12. ☐ Delete TITLE ☐ Addition TITLE MATTHEW, WILLIAM L. NAME NAME STREET ADDRESS STREET ADDRESS 129 BUENA VISTA DR. S. CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MATTHEW, TIMOTHY O. NAME STREET ADDRESS STREET ADDRESS 13714 WALBROOKE DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition TITLE ☐ Delete TITL F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 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

SIGNATURE: