2000 UNIFORM BUSINESS REPORT (UBR)

TAMECAL DISCENSION OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 367847 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name BEINDORF ENTERPRISES, INC. 04-12-2000 90178 046 ***150.00 Principal Place of Business Mailing Address PO BOX 2824 PO BOX 2824 VERO BCH FL 32961 VERO BCH FL 32961-2824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt #, etc. City & State Applied For City & State 4. FEI Number 59-1301798 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEINDORF, JAMES L. BEINDORF, JAMES L Street Address (P.O. Box Number is Not Acceptable) 904 PAINTED BUNTING LANE 745 AZALGA LANE **VERO BEACH FL 32963** City VERO BEACH 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE BEINDORF JAMES L. 745 ASALEA LANE BEINDORF, JAMES L NAME NAME 4565 22ND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE JACKSON, ROBERT NAME NAME 2165-15TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP DIBEINDORF, JAMEI L. 745 ABALEA LANC Addition TITLE ☐ Delete TITLE BEINDORF, JAMES L. NAME NAME 904 PAINTED BUNTING LANE STREET ADDRESS STREET ADDRESS VEM BEACH, FL. 32963 CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME SZERGOLA TRANTS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 attamment with an address, with all other like empowered.