2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED DOCUMENT # 434667 Mar 02, 2000 8:00 am **Secretary of State** JIM HOWZE CORPORATION 03-02-2000 90069 017 ***150.00 Principal Place of Business Mailing Address 1701-606 GULF MEXICO DR 1701-606 GULF MEXICO DR LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1506263 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired _ _ _ _ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOWZE, JAMES A Street Address (P.O. Box Number is Not Acceptable) 1701-606 GULF MEXICO DR LONGBOAT KEY FL 34228 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. 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 12. Addition PSTD ☐ Delete TITLE TITLE HOWZE, JAMES A. NAME STREET ADDRESS STREET ADDRESS 1701-606 GULF MEXICO DR CITY-ST-ZIP CITY-ST-7IP LONGBOAT KEY FL 34228 ☐ Change Addition ☐ Delete TITLE TITLE HOWZE, JAMES A NAME NAME STREET ADDRESS 1701-606 GULF MEXICO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Defete TITLE NAME 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