2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 438313 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** A 5, INC. 03-03-2000 90024 017 ***158.75 Principal Place of Business Mailing Address PO BOX 2220 2901 HWY 31 S ARCADIA FL 34265 ARRADIA FL 34265-2220 2. Principal Place of Business cadia, F1, 84266 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1504027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent VARNER, JAMES S

ne purpose of changing its registered office or registered agent, or both, in the State of Florida

10. Election Campaign Financing

US

505 LITTLE LAKE COURT WENTER HAVEN FL 33880

9. This corporation is eligible to satisfy its Intangible

VARNER, JAMES S.

505 LITTLE LAKE COURT

ed agent and title if applicable

8. The above named e

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

\$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution П 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. Delete TITLE VARNER, EDWARD O. NAME STREET ADDRESS PO BOX 2220 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL TITLE ☐ Delete TITLE VARNER, PHILLIP E. NAME NAME STREET ADDRESS PO BOX 2220 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL TITLE ☐ Addition ☐ Delete TITLE hance VARNER, DAVID O. NAME NAME PO BOX 2220 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ARCADIA FL ☐ Addition ☐ Delete TITLE VARNER, STEVEN E. NAME NAME 30505 TURTLE DOVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL AS ☐ Change Addition TITLE ☐ Delete TITLE VARNER, IRIS NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 2220 N/A CITY-ST-ZIP CITY-ST-7/P ARCADIA FL

FILE NOW!!! FEE IS \$150.00

WINTER HAVEN FL 13. Thereby 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

☐ Addition