2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # 474853** 1. Entity Name CONTINENTAL BUSINESS HOUSING, INC. 04-17-2000 90131 046 ***150.00 Mailing Address Principal Place of Business 3340 SCHERER DRIVE 3340 SCHERER DRIVE ST PETERSBURG FL 33716-1013 ST PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State - ~ 4. FEI Number 59-2026659 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEHRAND, WILLIAM A. Street Address (P.O. Box Number is Not Acceptable) 3340 SCHERER DRIVE ST. PETERSBURG FL 33716 Zip Code City 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. PN ☐ Change ☐ Addition TITLE ☐ Delete TITLE GEHRAND, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 3340 SCHERER DRIVE CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-7IP ☐ Addition Change STD TITLE ☐ Delete TITLE GEHRAND, GERALD L. NAME NAME STREET ADDRESS STREET ADDRESS 3340 SCHERER DRIVE CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 of 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Gehrand 4/10/00 727-572-7080

Date

Daytime Phone #

changed, or on an attachme

SIGNATURE: