50-877-210*5*

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2001 8:00 am **DOCUMENT # 493716 Secretary of State** STOCKWELL, REISMAN, PAULK & TAYLOR, P.A. 02-15-2001 90086 018 ***150.00 Principal Place of Business Mailing Address 2400 MICCOSUKEE ROAD 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1641854 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOCKWELL, JAMES W. Street Address (P.O. Box Number is Not Acceptable) 2400 MICCOSUKEE ROAD TALLAHASSEE FL 32308 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE STOCKWELL, JAMES W. NAME NAME 2400 MICCOSUKEE ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE REISMAN, TERENCE N. NAME NAME 2400 MICCOSUKEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL CITY-ST-ZIP ☐ Addition [] Change TITLE TITLE ☐ Delete PAULK, TIMOTHY . NAME NAME STREET ADDRESS 2400 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Addition ☐ Delete TITLE TITLE TAYLOR, LARRY D. NAME NAME 2400 MICCOSUKEE ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE MANGAN, MICHAEL J. NAME NAME 2400 MICCOSUKEE ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition RODRIGUEZ, ANDRES F NAME NAME 2400 MICCOSUKEE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-7IP CITY-ST-7IP 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, with all other like empowered.