DOCUMENT # 517969 FILED Feb 14, 2000 8:00 am LUCAS FORD ASSOCIATES, INC. **Secretary of State** 02-14-2000 90122 042 ***150.00 Principal Place of Business Mailing Address 1017 9TH AVE.. N. P.O. BOX 7027 ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33734-7027 2. Principal Place of Business 3. Mailing Address sam Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1701118 Not Applicable Zip Country Zip Country \$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 FORD, LUCAS Street Address (P.Ö. Box Number is Not Acceptable) 555 20TH AVE, NE ST. PETERSBURG FL 33704 City 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 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete FORD, LUCAS NAME NAME STREET ADDRESS 555 20TH AVE., N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete ☐ Change Addition TITLE TITLE FORD, ANN N NAME STREET ADDRESS STREET ADDRESS 555 20TH AVE., NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAMÉ to littly appropriate to the thing paragraph and the state of the stat STREET ADDRESS STREET ADDRESS 'CITY-ST-ZIP CITY-ST-7IP Change □ Addition TITLE ☐ 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 or trustege empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted, or on a statechment with an address, with all other like empowered. of the corporation or the receiver o changed, or on an attachment with