## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 534265 May 30, 2000 8:00 am Secretary of State REGUS, INC. 05-30-2000 90070 010 \*\*\*150.00 Principal Place of Business Mailing Address 4513 WATROUS AVE. 4513 WATROUS AVE. P.O. BOX 10478 P.O. BOX 10478 TAMPA FL 33679-7478 TAMPA FL 29941-0016 2. Principal Place of Business 3. Mailing Address P.O. Box 16 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1784665 SC. IAMPA SUELDOU Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA ろろらい Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOERICO RUSSRO E III GOERLICH, RICHARD E. JR. Street Address (P.O. Box Number is Not Acceptable) 4513 WATROUS AVE. TAMPA FL 33629 6013 S. GTU STREET 6. 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 Change ☐ Delete TITLE GOERLICH, RICHARD E. JR. GOERLICH, RICHARD E JR NAME 639 Paige Point Ro SEABROOK SC 29940 4513 WATROUS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete Change Addition Goerlich Richber E III NAME TOMPO, HORLDO 33611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

GNATURE: R.E. GOERLICH JR 25 APRIL 2000 (943) 846-3034

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Desputing Phone #

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