2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 600458** LOUIS MONTELEONE P A 01-18-2000 90012 026 ***150.00 Mailing Address Principal Place of Business 4014 W ESTRELLA 4014 W ESTRELLA SUITE B SUITE B 000075 TAMPA FL 33629-5745 **TAMPA FL 33629** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1226315 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 MONTELEONE, LOUIS Street Address (P.O. Box Number is Not Acceptable) 4014 W ESTRELLA ST SUITE B **TAMPA FL 33629** Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. ☐ Change TITLE ☐ Defete TITLE MONTELEONE, LOUIS NAME STREET ADDRESS 4014 W ESTERELLA ST. STE. B STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Market ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ _____ ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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-

1/7/00

813-250-9440

Davtime Phone #