2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **602367** Mar 16, 2000 8:00 am 1. Entity Name **Secretary of State** MILLOTT, HUNTER & HERMAN, P.A. 03-16-2000 90077 034 ***150.00 Mailing Address Principal Place of Business 1200-86 TERRACE N 1200-86 TERRACE N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1301162 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNTER III.ALBERT B Street Address (P.O. Box Number is Not Acceptable) 1200-86 TERRACE N ST. PETERSBURG FL 33702 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. П 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 11. 12 Addition ☐ Change Delete TITLE TITLE HUNTER, III ALBERT B NAME 1200-86 TERRACE N STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE HUNTER, FRANCES B. NAME NAME 1200-86 TERRACE N STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL 33702 CITY-ST-ZIP ☐ Change ☐ Addition - Delete -TITLE HUNTER, CHRISTOPHER NAME NAME STREET ADDRESS 1200-86 TERRACE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 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.