2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 08, 2000 8:00 am **DOCUMENT # 632492 Secretary of State** SEVENTY-THIRTY, INC. 03-08-2000 90048 031 ***150.00 Mailing Address Principal Place of Business 2204 GOOD HOMES RD. 2204 GOOD HOMES RD. ORLANDO FL 32818-8919 ORLANDO FL 32818 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2396313 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNLUND, CALVIN W. Street Address (P.O. Box Number is Not Acceptable) 2204 GOOD HOMES RD ORLANDO FL 32818 City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** Change ☐ Addition ☐ Delete TITLE BARNLUND, SHIRLEY B. NAME STREET ADDRESS 2204 GOOD HOMES RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE NAME BARNLUND, CALVIN W. NAME STREET ADDRESS 2204 GOOD HOMES ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Delete TITLE ☐ Change 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-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete 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-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 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.