2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 678713 May 03, 2000 8:00 am 1. Entity Name **Secretary of State** ADLER INVESTMENTS, INC. 05-03-2000 90092 042 ***150.00 Mailing Address Principal Place of Business 201 S. Tamiami trail, HWY 41 SOUTH PO BOX 1008 RUSKIN FL 33570-1008 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2030126 Not Applicable Country \$8.75 Additional Zip 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 MIXON JR., CHARLES F. Street Address (P.O. Box Number is Not Acceptable) 1112 E. KENNEDY BLVD **TAMPA FL 33602** 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE RUSSELL. ALICE NAME NAME STREET ADDRESS 201 S TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ruskin Fl ☐ Addition ☐ Change ☐ Delete TITLE GREWING, MARGARET ANN NAME 2213 HICKORY RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VALRICO FL 33594 ☐ Change ~ = ☐ Addition Delete TITLE TITLE NAME DOBSON, JR T NAME 1815 STAFFORDSHIRE CRESCENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77030** ☐ Change ☐ Addition TITLE ☐ Delete TITLE GREWING, DOUGLAS D NAME STREET ADDRESS STREET ADDRESS 2213 HICKORY RIDGE DR CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition ☐ Change TITLE ☐ Delete TITLE DOBSON, MARY JANE R NAME STREET ADDRESS 1815 STAFFORDSHIRE CRESCENT STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF **HOUSTON TX 77030** ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUSSELL, W.H. NAME NAME STREET ADDRESS PO BOX 1008, 201 S. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RUSKIN FL 33570 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.