## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 751907** Pell-IND EIGHTEEN SEVENTY-TWO SOUTH TRAIL, INC. CX HOH 01-19-2000 90161 007 \*\*\*\*61.25 Mailing Address Principal Place of Business 1872 S TRAIL, STE D 1872 S TRAIL, STE D 901494 VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2223519 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERG, SKIP 1872 S TRAIL, STE D VENICE, FL Zip Code FL 33595 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BERG, SKIP NAME STREET ADDRESS STREET ADDRESS 1872 S TAMIAMI TRAIL, STE D CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 00000 TITLE Addition Delete Change TITLE ۷D NÅME DAVID, GERALD NAME STREET ADDRESS STREET ADDRESS 1872 S TAMIAMI STE 'F' CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 00000 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME PATNICK, IRMA NAME STREET ADDRESS STREET ADDRESS 7472 DICKENS DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TÍTLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TÎTI F NAME NAME STREET ADDRESS STREET ADORESS CİTY-ST-ZIP CITY-ST-ZIP TİTLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: