2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 08, 2000 8:00 an **DOCUMENT # F85930 Secretary of State** 1. Entity Name ROBERT L. DEAL & COMPANY, INCORPORATED 02-08-2000 90173 032 ***150.00 Principal Place of Business Mailing Address 105 ROYAL OAK CIR 105 ROYAL OAK CIR LONGWOOD FL 32779 LONGWOOD FL 32779-3547 710869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2199063 Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAL, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 105 ROYAL OAK CIR LONGWOOD FL 32779 City Zip Code 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change DEAL, ROBERT L. NAME NAME STREET ADDRESS 105 ROYAL OAK CIRCLE STREET ADDRESS CITY-ST-7IP LONGWOOD FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change DEAL, JO ANN B. NAME STREET ADDRESS 105 ROYAL OAK CIRCLE STREET ADDRESS CITY-ST-7IP LONGWOOD FL CITY-ST-ZIP Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS

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 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 disconstruction 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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