2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000004207 Mar 31, 2000 8:00 am 1. Entity Name Secretary of State ARCHER INFORMATION SERVICES, INC. 03-31-2000 90041 002 ***150.00 Principal Place of Business Mailing Address 4093 TIMBER RUN P.O. BOX 37189 HAVANA FL 32333 TALLAHASSEE FL 32315-7189 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 59-3197566 avana Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 5adsden Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nawland D. Burgess Jr BURGESS, WAYLAND 4093 TIMBER RUN HAVANA FL 32333 Z323333 he purpose of changing its registe office or registered agent, or both, in the State of Florida 8. The above name is statement fo SIGNATURE DATE gistered 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD TITI F **PSTD** Delete TITLE Change ☐ Addition BURGESS, WAYLAND **BURGESS, WAYLAND** NAME NAME 319 TIMBER RUN STREET ADDRESS STREET ADDRESS **4093 TIMBER RUN** CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 HAVANA FL 32933 Change Delete Addition TITLE TITLE BURGESS. WAYLAND **BURGESS, WAYLAND** NAME NAME 319 TIMBER RUN STREET ADDRESS 4093 TIMBER RUN STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive yor trustee of the overcutor this report as required by Onlineter 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. SIGNATURE:

Date

Daytime Phone #