2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # F9400001285 1. Entity Name ARISTAR AGENCY, INC. 03-14-2000 90060 050 ***150.00 Principal Place of Business Mailing Address HIDDEN RIVER CORPORATE PARK HIDDEN RIVER CORPORATE PARK 8900 GRAND OAK CIRCLE 8900 GRAND OAK CIRCLE THIEAUUN TAMPA FL 33637-1050 TAMPA FL 33637-1022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 51-0098547 Not Applicable Country Country Zip Zip **\$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change PD Addition ☐ Delete TITLE CHAPMAN, CRAIG J NAME NAME STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33637 ☐ Change Addition Delete TITLE TITLE NAME garner, James R NAME STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete Change Addition TITLE TITLE NAME SHIGLEY, HENRY F NAME STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIRCLE CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33637** ☐ Change ☐ Addition ☐ Delete TITLE THURSTON, BEVERLY NAME NAME 8900 GRAND OAK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL **VCFO** 🔀 Delete Change Addition TITLE TITLE ILLIP GOODEYE WISDORF, DOUGLAS G NAME NAME 8900 GRAND DAK CIRCLE STREET ADDRESS STREET ADDRESS 8900 GRAND OAK CIRCLE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** 33437 ☐ 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 filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THURSTON 3/2/00

CR2F034 /9/99