2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

DOCUMENT # F97000003714 May 24, 2000 8:00 am Secretary of State THE ENSER CORPORATION OF ALABAMA 05-24-2000 90001 048 ***150.00 Principal Place of Business Mailing Address P.O. BOX 48548 5430 74TH AVE N PINELLAS PARK FL 33781 ST. PETERSBURG FL 33743-8548 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-0921815 Not Applicable \$8.75 Additional Country 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 JACKSON, R. ROY Street Address (P.O. Box Number is Not Acceptable) 11400 BELCHER RD. **LARGO FL 33773** 6262 142nd Avenue N# 202 Zip Code 33700 or registered agent, or both, in the State of Florida 8. The above named entity submits ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its ! 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 П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CPD TITLE President ☐ Addition TITLE Delete JACKSON, R. ROY NAME NAME Fackson, R. Roy STREET ADDRESS 6262 Hand Avenue N. #202 STREET ADDRESS 11400 BELCHER RD. CITY-ST-ZIP CUY-ST-7IP **LARGO FL 33773** rwater F1 33740 ice President Change ☐ Addition Delete Walker, Steven C WALKER, STEVEN C NAME 7135 Del Lago **UAH JOHNSON RESEARCH CENTER** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUNTSVILLE AL 35899** CITY-ST-ZIP Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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-7IP CIZY-ST-ZIP 13. I hereby certify that the information supplied with this filling does n indicated on this report or supplemental report is true and a contract of the cont alify for the kemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mature shall have the same legal effect as if made under oath, that I am quired by Chapter 607, Florida Statutes; and that my name appears in B of the corporation or the receive

OF SIGNING OFFICER OR DIRECTOR