## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F98000003050 May 03, 2000 8:00 am 1. Entity Name Secretary of State WARM WEATHER INVESTMENTS, INC. 05-03-2000 90143 020 \*\*\*150.00 Mailing Address Principal Place of Business 7710 CARONDELET, SUITE 120 7710 CARONDELET, SUITE 120 ST. LOUIS MO 63105 ST. LOUIS MO 63141-7141 3. Mailing Address 2. Principal Place of Business Olive Blud 11500 11500 Olive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 240 #240 Applied For City & State 4. FEI Number City & State 43-1815488 reve coeur reve Not Applicable Zip 63141 \$8.75 Additional 5. Certificate of Status Desired 0 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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. DATE Signature, typed or printed name of registered agent and title if applicable (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. ☐ Addition TITLE Change TITLE ☐ Delete MIROWITZ, STEVEN 11500 OLIVE BLVD #240 MIROWITZ, STEVEN NAME NAME 7710 CARONDELET, SUITE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO 63105 CREVE COEUR, MO 63141 ☐ Change Addition ☐ Delete TITLE TITLE SPRUNG, MICHAEL 300 OZARK TRAIL #207C SPRUNG, MICHAEL NAME NAME 7710 CARONDELET, SUITE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO 63105 ELLISVILLE, ma 63011 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment will

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

er like empowered.

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