## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # G11665** Jan 18, 2000 8:00 am **Secretary of State** TICKNOR ENTERPRISES, INC. 01-18-2000 90188 030 \*\*\*150.00 Mailing Address Principal Place of Business 115 KINGS CT NW 115 KINGS CT NW LAKE PLACID FL 33852 LAKE PLACID FL 33852-5399 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2331610 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUSTIN, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) S-320, ROCHESTER BLDG., 8390 N.W. 53RD ST. MIAMI FL 33166 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition □ Delete TITLE TITLE TICKNOR, DONNA L NAME NAME STREET ADDRESS 115 KINGS CT NW STREET ADDRESS CITY-ST-7IP LAKE PLACID FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TICKNOR, HOWARD W. NAME STREET ADDRESS 115 KINGS CT NW STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL ☐ Delete TITLE Change □ Addition TITLE TICKNOR, HOWARD W III NAME NAME STREET ADDRESS 136 EASTERN FORK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DONNA L. TICKNOR