2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G19167** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State NEVILLE-THOMAS, INC.** 03-03-2000 90246 020 ***150.00 Principal Place of Business Mailing Address DRAWER 3329 2233 - 35 - 14TH AVNEUE VERO BEACH FL 32960 VERO BEACH FL 32964 U0030±81 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2251339 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEVILLE, EVELYN F. Street Address (P.O. Box Number is Not Acceptable) 2239 14TH AVE. VERO BEACH FL 32960 Zip Code City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 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 11. OFFICERS AND DIRECTORS TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NEVILLE, EVELYN F. NAME STREET ADDRESS STREET ADDRESS 2235 14TH AVENUE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32960 ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEKOLD, DONALD F. NAME NAME STREET ADDRESS STREET ADDRESS 4110 SW 63RD BLVD. CITY-ST-7IP CITY-ST-7IP GAINESVILLE FL 32601 Addition ☐ Delete TITLE Change SUTHERLAND, JOHN H. NAME NAME STREET ADDRESS 1701 - 44TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition 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

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

SIGNATURE

SIGNATURE AND/YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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