2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G37758 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** DUVENECK AND HIGGINS CORPORATION 03-30-2000 90036 006 ***158.75 Mailing Address Principal Place of Business C/O RICHARD HIGGINS, V.P. C/O RICHARD HIGGINS, V.P. 910 E. 127TH AVENUE 910 E. 127TH AVENUE TAMPA FL 33612-3548 TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2300752 Not Applicable Zip Country Country \$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 DUVENECK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 910 E. 127TH. AVE. **TAMPA FL 33612** 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 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. PTD ■ Addition ☐ Change TITLE TITLE □ Delete DUVENECK, RICHARD NAME NAME 910 E. 127TH. AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE TITLE HIGGINS, RICHARD NAME NAME STREET ADDRESS 910 E. 127TH. AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33612** ☐ Addition ☐ Change TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 13. Thereby 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

changed, or on an attachment with an address, with all other like empower SIGNATURE:

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