

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G64669

Entity Name
INC.

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90005 003 ***150.00

Principal Place of Business Mailing Address
US HWY 17 S. P.O. BOX 819
GREEN FL 33834 BOWLING GREEN FL 33834-0819
US



Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-1225250 Applied For
Zip Country Zip Country Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PRESCOTT, NELSON ANDREW Name PRESOTT MURRELL CROFTON
U.S. HWY. 17, NORTH Street Address (P.O. Box Number is Not Acceptable)
BOWLING GREEN FL 33834 2575 SENECA DR W.
City AVON PARK FL Zip Code 33825

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: *Mark Murrell* DATE: 4/25/00
(NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Added to Fees
(See criteria on back) Trust Fund Contribution.

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D PRESCOTT, NELSON A 2841 NW STRATFORD RD AVON PARK FL 33825	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESOTT MURRELL C 2575 SENECA DR W AVON PARK FL 33825 ☒ Change ☐ Addition <i>(PRES. DIR.)</i>
PST PRESCOTT, NELSON A 2841 NW STRATFORD RD AVON PARK FL 33825	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BROWN MICHAEL L. 1580 W. POINSETTIA DR. AVON PARK, FLA 33825 ☒ Change ☐ Addition <i>(V.P.)</i>
VP PRESCOTT, MURRELL C. 2575 SENECA DRIVE. W AVON PARK FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LYLE, LESLIE G. 1304 HICKORY LANE S. FT. MEADE, FLA 33841 ☒ Change ☐ Addition <i>(S.)</i>
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	LYLE, LESLIE G. 1304 HICKORY LANE S. FT. MEADE, FL 33841 ☒ Change ☐ Addition <i>(T.)</i>
	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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: *Mark Murrell* DATE: 4/28/00 863 452-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR