## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # G73408** May 18, 2000 8:00 am 1. Entity Name Secretary of State EDOUARD N. FONTAINE, CO. 05-18-2000 90378 007 \*\*\*150.00 Principal Place of Business Mailing Address 705 KINGSWOOD LOOP 705 KINGSWOOD LOOP BRANDON FL 33511-7011 BRANDON FL 33707-6352 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-2343386 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FONTAINE, EDOUARD N. -705 KINGSWOOD LOOP 7974 SAIL BOAT KEY BLVDS Street Address (P.O. Box Number is Not Acceptable) #801 St PETERSBURG BEACH, -BRANDON FL 33511 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 11. 12. Addition Change ☐ Delete TITLE TITLE FONTAINE, EDOUARD N. NAME 7974 SAILBOAT KEY 705 KINGSWOOD LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON-FL TITLE Change ☐ Addition Delete TITLE TOTALINE, HILA 7924 SAIL BOAT KEY NAME NAME STREET ADDRESS STREET ADDRESS ST. PETERS BURG BEACH CITY-ST-ZIP CITY-ST-7IP 33707 □ Delete ☐ Change ☐ Addition TITLE SHARPE DONNA 79245AILBOATKEN 705 KINGSWOOD LOOP BLUDS #801 NAME NAME STREET ADDRESS STREET ADDRESS #801 CITY-ST-ZIP CITY-\$T-ZIP ST. PETERS BURG BEACH BRANDON-EL-☐ Change ☐ Addition TITLE FLA 33767 □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

Dayline Phone #