2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G86878 May 30, 2000 8:00 am Secretary of State RICK STUCKER & ASSOCIATES, INC. 05-30-2000 90078 007 ***150.00 Principal Place of Business Mailing Address PO BOX 8313 1551 S DR CLEARWATER FL 33758-8313 **CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2991333 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STUCKER, RICK Street Address (P.O. Box Number is Not Acceptable) 1551 SOUTH DRIVE **CLEARWATER FL 34615** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME NAME STUCKER, RICK STREET ADDRESS STREET ADDRESS 1551 SOUTH DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change Addition Delete TITLE TITLE -NAME STUCKER, KAREN NAME STREET ADDRESS STREET ADDRESS 1551 SOUTH DRIVE CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition TITLE Delete TITI F 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-ZIP ☐ Delete Change Addition 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-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.

Date

Daytime Phone #