2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # G89830** Feb 20, 2000 8:00 am 1. Entity Name SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P. A. **Secretary of State** 02-20-2000 90038 032 ***150.00 Principal Place of Business Mailing Address 907 WEBSTER ST. 907 WEBSTER ST. P.O. BOX 492722 P.O. BOX 492722 LEESBURG FL 34749-2722 LEESBURG FL 34749-9722 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2385063 Not Applicable Country Zip 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 Stephen SELLAR, CHARLES B. P. Street Address (F.O. Box Number is Not Acceptable) 907 WEBSTER STREET LEESBURG FL 34748 Zip Code ろ4748 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. (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. Addition ☐ Change ☐ Delete TITLE TITLE SELLAR, CHARLES B. P. NAME NAME STREET ADDRESS 6191 S. SILVER LAKE DR STREET ADDRESS CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE SAYLOR, BRUCE A. NAME 2919 COCOVIA WAY STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE RUSS, GEORGE H. NAME NAME 36049 SPRING LAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TITLE SEWELL, STEPHEN G. NAME NAME 1001 SHORE ACRES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, CHARLES, D NAME 38917 MICHELLE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP LADY LAKE FL ☐ Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 all other like empowered. changed, or on an attachment with an address, with

Davtime Phone #