2000 UNIFORM BUSINESS REPORT (UBR)

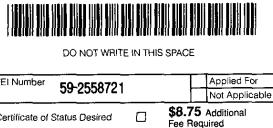
DOCUMENT # **H26354**

R/E MARKETING COMMERCIAL & INVESTMENT REAL ESTAT

Principal Place of Business Mailing Address 203 N MARION ST N MARION ST 1AMPA FL 33602 TAMPA FL 33602-4914 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4, FEI Number City & State Zip Country Zip Country Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OXTAL, RONALD A. 203 N MARION ST TAMPA FL 33602 City

\mathtt{FILED} Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90077 038 ***150.00



Street Address (P.O. Box Number is Not Acceptable) Zip Code 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00

Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD TITLE

\$5.00 May Be Added to Fees

Defete ☐ Change ☐ Addition HENDRY, HAYNES T. NAME NAME STREET ADDRESS STREET ADDRESS 203 N MARION ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE OXTAL, RONALD A. NAME NAME 203 N MARION ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IE TAMPA FL Change ☐ Addition VPST TITLE ☐ Delete TITLE GILLIS, RODERICK J P. NAME STREET ADDRESS STREET ADDRESS 203 N MARION STREET CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33602** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME λ -STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 of the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 813.209.9616

CR2E034 (9/99