## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # H37629** 1. Entity Name SPRINGTOWN CORP. 03-23-2000 90037 025 \*\*\*158.75 Mailing Address Principal Place of Business 107 NE 1ST AVE. 107 NE 1ST AVE. OCALA FL 34470 OCALA FL 34470-6655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-0001876 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 3447,0-6661 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRANO, GLENDA Street Address (P.O. Box Number is Not Acceptable) LAKE KERR SALT SPRINGS FL 32134 23355 E HWY 314 32134 SALT SPRINGS 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 DATE Signature, typed 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 \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE STRANO, GLENDA NAME NAME 23355 E HWY 314 STREET ADDRESS STREET ADDRESS LAKE KERR CITY-ST-ZIP SALT SPRINGS FL 32134 CITY-ST-ZIP SALT SPRINGS FL 32134 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Glenda Shane

GLENDA STRANO

3-21-00

(352) 685-2568

Daytime Phone #