2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **H52114** ROOKS ENTERPRISES, INC. 04-07-2000 90086 019 ***150.00 Principal Place of Business Mailing Address 9434 U.S. 19 9434 U.S. 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668 AUU35032 3. Mailing Address 2. Principal Place of Business 3077 Commercial Way DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2520076 Not Applicable 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 ROOKS, ALLEN G. Street Address (P.O. Box Number is Not Acceptable) 1900 WHISPERING WAY 9395 Belvedere Street TARPON SPRINGS FL 34608 Spring Hill Fl. 34608 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 DATE =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 Atter MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Rooks Allen Gene 9395 Belvedere Street PTD ☐ Addition TITLE TITLE □ Delete ROOKS, ALLEN GENE NAME NAME STREET ADDRESS 7409 TROUBLE CREEK RD., #712 STREET ADDRESS mested Spring Hill, Fl. CITY-ST-ZIP **NEW PORT RICHEY FL 34653** CITY-ST-7IP ☐ Addition Delete TITLE TITLE Rooks, Linda Ethel 9395 Belvedere Street ROOKS, LINDA ETHEL NAME moved STREET ADDRESS STREET ADDRESS 7409 TROUBLE CREEK RD., #712 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** Change Addition Delete 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 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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.