2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE: _

FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # **H62669** 1. Entity Name DER MEISTER, INC. 05-30-2000 90051 017 ***150.00 Principal Place of Business Mailing Address 2508 W TENNESSEE ST 2508 W TENNESSEE ST TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-2506 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2580823 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINE, MARK S. Street Address (P.O. Box Number is Not Acceptable) 245 E VIRGINIA ST TALLAHASSEE FL 32301 Zip Code City 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) 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 7. · (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 Change TITLE TITLE ☐ Delete CRAWFORD, JAMES LEE, II NAME STREET ADDRESS STREET ADDRESS RT 3 BOX 5262 CITY-ST-ZIP CITY-ST-ZIP HAVANA FL ☐ Addition Change ريد VP TITLE : . . Delete 🗻 TITLE CRAWFORD, HELEN P. NAME STREET ADDRESS STREET ADDRESS **ROUTE 3, BOX 5262** CITY-ST-ZIP CITY-ST-ZIP HAVANA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE PENDERAKAST, ROBERT D. NAME NAME STREET ADDRESS STREET ADDRESS 809 APALACHEE PKWY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE ☐ Delete TITLE Change Addition NAME PENDERGHAST, ROBERT D. NAME STREET ADDRESS STREET ADDRESS 809 APALACHEE PKWY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ 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

Daytime Phone #