2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H91407 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** WM. H. GARLAND, ATTORNEY, P.A. 01-24-2000 90070 025 ***150.00 Principal Place of Business Mailing Address 537 10TH ST. W. 537 10TH ST. W. **BRADENTON FL 34205-7719** BRANDENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2616940 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARLAND, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 537 10TH ST. W. BRADENTON FL 33505 ومعتاها City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD CR2E034 (9/99) ☐ Change Addition ☐ Delete TITLE TITLE GARLAND, WILLIAM H. NAME 537 10TH ST. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE GARLAND, WILLIAM H NAME NAME 537 10TH ST. W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BRADENTON FL** CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 escute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee empowered to a changed, or on an attachment with an address, with all of