2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address

with all the empowered.

May 26, 2000 8:00 am Secretary of State **DOCUMENT # J15819** STEELE BORING CORP. 05-26-2000 90115 045 ***150.00 Principal Place of Business Mailing Address 1701 STARLING DR 1701 STARLING DR SARASOTA FL 34231-9163 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 6810 Tumbleweed Trail Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Gity & State 4. FEI Number NOT APPLICABLE radenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 203 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GEIRHART, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 100 WALLACE AVE STE 260 SARASOTA FL 34237 Zip Code FL 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITI F TITLE BORING, STEELE NAME NAME 1701 STARLING DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 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 ☐ Delete TITLE Change ☐ Addition 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 TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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