2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **J26653** Mar 01, 2000 8:00 am **Secretary of State** CFG ACCOUNTING & TAX SERVICE, INC. 03-01-2000 90069 045 ***150.00 Mailing Address Principal Place of Business 136 MALAGA STREET 136 MALAGA STREET P.O. BOX 387 P.O. BOX 387 ST. AUGUSTINE FL 32084-3521 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-27 18765 Not Applicable Zip Country Zip 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 Name COWAN, CARY J Street Address (P.O. Box Number is Not Acceptable) 136 MALAGA ST ST AUGUSTINE FL 32084 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back)-Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE COWAN, CARY J. NAME NAME STREET ADDRESS STREET ADDRESS 136 MALAGA ST. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Addition Change □ Defete TITLE PACEHI NAME PAUTTI, W.SCOTT NAME STREET ADDRESS 3910 A COSTAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ 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 ☐ Addition ☐ Change ☐ Delete TITLE 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 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

2-22-00

with all other like empowers

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

changed, or on an attachment with an address