2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J60631** May 03, 2000 8:00 am Secretary of State M. C. ZIEGLER & ASSOCIATES, INC. 05-03-2000 90071 021 ***150.00 Mailing Address Principal Place of Business % ZIEGLER, MARY, C. 13496 CORONADO DR 13496 CORONADO DR. LARGO FL 33774 LARGO FL 33774-4607 118 2. Principal Place of Business 3. Mailing Address DK S. 2201 CURTIS AR S 2201 CURTIS Suite, Apt. #, etc. Šuite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2772098 Not Applicable EARWATE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZIEGLER, MARY C. 13496 CORONADO DR. **LARGO FL 33774** 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, 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete TITLE NAME NAME ZIEGLER, MARY C. 2201 CURTIS DR S STREET ADORESS STREET ADDRESS 13496 CORONADO DR. CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE TITLE ZIEGLER, VICTORIA L. NAME NAME STREET ADDRESS STREET ADDRESS 13496 CORONADO DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE ☐ Delete TITLE CANNON, CHARLES B. NAME NAME 2201 CURTIS DRVS STREET ADDRESS STREET ADDRESS 13496 CORONADO DRIVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-19-00 (707)519-9448

Daytime Phone #

Change

☐ Addition