2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # J99256** DENNIS GIL, P.A. 01-19-2000 90114 026 ***150.00 Mailing Address Principal Place of Business 515 CLIFF DR. 515 CLIFF DR. TEMPLE TERRACE FL 33617-3807 TEMPLE TERRACE FL 33617 DUUUUSAAD 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 59-2857066 Not Applicable \$8.75 Additional Zip Country Country \Box Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIL, DENNIS Street Address (P.O. Box Number is Not Acceptable) 515 CLIFF DR. --**TEMPLÉ TERRACE FL 33617** Zip Code City 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 (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPS ☐ Addition □ Delete TITLE GIL. DENNIS NAME NAME STREET ADDRESS 515 CLIFF DR. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 33617 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME GIL. DENNIS NAME STREET ADDRESS 515 CLIFF DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERR FL 33617 Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.