2000 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2000 08:00 AM DOCUMENT # K35327 1. Entity Name **Secretary of State** JIM BOTTS DESIGN TEAM, INC. Principal Place of Business Mailing Address 2401 4TH STREET, NORTH 2401 4TH STREET, NORTH 696 FIRST AVENUE NORTH, SUITE 201 696 FIRST AVENUE NORTH, SUITE 201 ST. PETERSBURG ST. PETERSBURG FL FL 33704 2. Principal Place of Business 3. Mailing Address C/OG.B. WILKINSON Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 696 FIRST AVENUE NORTH SUITE 201 City & State City & State 4. FEI Number Applied For ST. PETERSBURG FL 59-2910230 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKINSON, G. BARRY, ESQ. 696 FIRST AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE 201 ST. PETERSBURG FL 33701 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. 08/01/2000 G. BARRY WILKINSON (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete X Change ☐ Addition BOTTS, JAMES, R NAME BOTTS, JAMES, R STREET ADDRESS 2401 4TH ST NORTH STREET ADDRESS 2401 4TH ST NORTH CITY-ST-ZIP ST PETERSBURG \mathbf{FL} CITY-ST-ZIP ST PETERSBURG 33704 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME BOTTS, JAMES R. BOTTS, JAMES R. STREET ADDRESS 2401 4TH ST NORTH STREET ACCRESS 2401 4TH ST NORTH CITY-ST-ZIF ST PETERSBURG FI. CITY-ST-7IP ST PETERSBURG FT. 33704 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.