2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # K65303** 04-18-2000 90148 045 ***150.00 BERG & WHEELER, P.A. Principal Place of Business Mailing Address 217 E ROBERTSON ST 217 E ROBERTSON ST **BRANDON FL 33511** A0040206 BRANDON FL 33511-5234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2931490 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHEELER WHELLER, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 217 E ROBERTSON ST **BRANDON FL 33511** Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. DVP ☐ Change TITLE Delete TITLE BERG, WALTER H., JR NAME STREET ADDRESS 813 E BLOOMINGDALE, #128 STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP DVP S T ☐ Delete X Change TITLE WHEELER, RICHARD F. WHEELER, RICHARD F. NAME 3413 BENT OAK ST STREET ADDRESS 3413 BENT OAK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 VALRICO, FLORIDA - 33594 ☐ Change ☐ Delete TITLE TITLE WHEELER, ELIZABETH S. NAME STREET ADDRESS 3413 BENT OAK ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 \square · · · · TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Richard F. Wheeler Secretary

Daytime Phone #

FILED