

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # K66053****1. Entity Name**
IN THE CLOUDS, INC.**Principal Place of Business**% J. MARVIN GUTHRIE
1230 S MYRTLE AVE, SUITE 101
CLEARWATER FL 34616**Mailing Address**% J. MARVIN GUTHRIE
1230 S MYRTLE AVE, SUITE 101
CLEARWATER FL 34616**2. Principal Place of Business**

% J. MARVIN GUTHRIE

3. Mailing Address

% J. MARVIN GUTHRIE

Suite, Apt. #, etc.

1230 S MYRTLE AVE, SUITE 101

Suite, Apt. #, etc.

1230 S MYRTLE AVE, SUITE 101

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number**59-2931104****Applied For****Not Applicable****Zip**
33756**Country****Zip**
33756**Country****5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**MARVIN GUTHRIE J
1230 S. MYRTLE AVE, STE101

CLEARWATER

33756

US

FL

7. Name and Address of New Registered Agent**Name**

MARVIN GUTHRIE J

Street Address (P.O. Box Number is Not Acceptable)

1230 S. MYRTLE AVE, STE 101

City
CLEARWATER**FL****Zip Code**
33756**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)

05/01/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****TITLE**
NAME D GUTHRIE J MARVIN ☐ Delete
STREET ADDRESS 1302 SUNSET DR
CITY-ST-ZIP CLEARWATER FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** D GUTHRIE J MARVIN ☒ Change ☐ Addition
NAME
STREET ADDRESS 1302 SUNSET DR
CITY-ST-ZIP CLEARWATER FL 33755**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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.****SIGNATURE:** J Marvin Guthrie

D 05/01/2000