2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am **DOCUMENT # L14764** Secretary of State VERN TAYLOR & ASSOCIATES, INC. 02-15-2001 90206 001 ***150.00 02-15-2001 90206 002 *****8.75 Principal Place of Business Mailing Address 546-3 METROPOLITAN BLVD. 1546-3 METROPOLITAN BLVD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 VIUUA HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2971887 Not Applicable Zip Country Country \$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 TAYLOR, CAROLA S Street Address (P.O. Box Number is Not Acceptable) 7755 CORNUCOPIA LANE TALLAHASSEE FL 32308 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST- ~ TITLE ☐ Delete TITLE ☐ Addition ☐ Change TAYLOR, CAROLA S NAME NAME 7755 CORNUCOPIA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP **V** Delete TITLE TITLE hard G Williams ☐ Addition STRINEY, PAUL E NAME NAME 46-3 METROPOLITAN BLUD 1546-3-METROPOLITAN BLVD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL. 323.08=3775 CITY-ST-ZIP TALLAHASSEE FL 32308-3775 -CITY-ST-7IP DIRECTOR VD Change TITLE ☐ Delete TITLE ☐ Addition BOEKE, HARVEY M NAME NAME STREET ADDRESS 1546-3 METROPOLITAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308-3775 TITLE Delete TITLE Change ☐ Addition LANGSTON, SHEROLD NAME NAME STREET ADDRESS 1546-3 METROPOLITAN BLVD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308-3775 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

GNING OFFICER OR DIRECTOR