2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am **DOCUMENT # L28098** 1. Entity Name Secretary of State ACCOUNTING MANAGEMENT SERVICES OF CENTRAL FLORIDA 03-21-2000 90013 009 ***158.75 Principal Place of Business Mailing Address 222 E. BALLARD PKWY P.O. BOX 25011 **TAMPA FL 33617** tampá fl 33622-5011 US 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For tv & State 4. FEI Number 59-2968425 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RAMOS, JOSE S Street Address (P.O. Box Number is Not Acceptable 222 E. BULLARD PKWY **TAMPA FL 33617** 3617 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 agent and the if applicable. Signature, typed or private (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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director TITLE TITLE Delete NAME RAMOS, JOSE S. NAME STREET ADDRESS STREET ADDRESS 222 E. BULLARD PKWY CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** Dilletor Schange **VPS** TITLE ☐ Delete TITLE RAMOS, MINERVA F. NAME NAME STREET ADDRESS STREET ADDRESS 222 E. BULLARD PKWY CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33617** Addition TITLE ____ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRÉE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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 in Block 12 changed, or on an attachment with with all other like empowered SIGNATURE: ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI