2000 UNIFORM BUSINESS REPORT (UBR)

H.E. Rummel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

SIGNATURE:

FILED DOCUMENT # L34960 Jan 12, 2000 8:00 am **Secretary of State** RUMMEL/ FOURTH STREET PROPERTIES, INC. 01-12-2000 90081 036 ***150.00 Principal Place of Business Mailing Address P. O. BOX 13088 1641 FIRST AVE NORTH ST. PETERSBURG FL 33733-3088 SAINT PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2982088 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name H.E. Rummel RUMMEL, H.E. Street Address (P.O. Box Number is Not Acceptable) 1682 OCEANVIEW DR 1641 First Avenue North TIERRA VERDE FL 33715 Zip Code City 33713 St. Petersburg 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 5-2000 H.E. Rummel (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Delete TITLE TITLE NICHOLS KATIE NAME NAME STREET ADDRESS 1682 OCEANVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tierra verde fl Change Addition ☐ Delete TITI F NICHOLS KATIE NAME STREET ADDRESS 1682 OCEANVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL TITLE Change Addition TITLE ☐ Delete NAME RUMMEL H E, NAME STREET ADDRESS 1682 OCEANVIEW DR STREET ADDRESS CITY-ST-ZIP TIERRA VERDE FL 33175 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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.

-5-2000

727-895-7804