## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # L50754** Jan 18, 2000 8:00 am **Secretary of State** ADVANCE MARKETING REAL ESTATE GROUP, INC. 01-18-2000 90105 001 \*\*\*158.75 Mailing Address Principal Place of Business 4306 W. CAYLIGA ST. CCC W. CAYUGA ST. TAMPA FL 33614-6951 1AMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2993318 Not Applicable Zip Country Zip 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 KENNER, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 11905 MIDDLEBURY DR **TAMPA FL 33626** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 12. 11. ☐ Change ☐ Addition □ Delete TITLE KENNER, CHARLES R NAME STREET ADDRESS 4306 W. CAYUGA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Change ☐ Delete ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME MANUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change ■ Addition ☐ Delete 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-ZIE ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. R. KENNER SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI