2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 am **DOCUMENT # L83679** 1. Entity Name Secretary of State BRIAN P. RUSH, P.A. 03-07-2000 90066 046 ***150.00 Principal Place of Business Mailing Address 3411 W. FLETCHER AVE W. FLETCHER AVE SUITE BВ TAMPA FL 33618-2813 1AMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0198903 Not Applicable Zip · -----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 RUSH, BRIAN P. Street Address (P.O. Box Number is Not Acceptable) 3411 W. FLETCHER AVE. SUITE B **TAMPA FL 33618** 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 Se Of Urran 9 DATE (NOTE: Registered Agent signature required when reinstating) 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. 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 NAME RUSH, BRIAN P. NAME STREET ADDRESS 3411 W. FLETCHER AVE., B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ 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 ☐ Addition De'ete TITLE

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.

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP



☐ De'ete

☐ Delete

3/3/00

812-962-1586

☐ Change

Change

☐ Addition

☐ Addition

Davtime Phone #