...: \U0\ 2000 Uniform Business Report (UBR)

SIGNATURE:

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01-22-2001 90010 019 ***300.00 EILED L84935 **DOCUMENT # L84935** SECRETARY OF STATE SEVISION OF CORPORATIONS THOMPSON-BOSTROM & ASSOCIATES, INSURANCE CONSULT NIFEB -2 AM 10: 19 Principal Place of Business Mailing Address 68 N ATLANTIC AVE 66 N. ATLANTIC AVE. - 300-SUITE 101 SUITE 101 COCOA BEACH FL 32931 **COCOA BEACH FL 32931** 2. Principal Place of Business 3. Mailing Address Suite Ant. # etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3106080 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, GARY R. 66 N. ATLANTIC AVE COCOA BEACH FL 32931 the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 9 Change Addition TITLE TITLE NAME THOMPSON, GARY R. NAME STREET ADDRESS STREET ADDRESS 66 N. ATLANTIC AVE. CITY-ST-ZIP CITY-ST-ZIP COCOA BEACHTE Change ☐ Addition Delete TITLE Bostrom, Kichard E TITLE 99. N Atlantic Ave. NAME NAME BOSTROM, RICHARD E STREET ADDRESS STREET ADDRESS 966 N. ATLANTIC AVE. Cocoa Beach. FL 32931 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change T/Tt F ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addings, with alyother like empowared.

200832 200# L84935

January 5, 2001

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

RE: 59-3106080

To Whom It May Concern:

Per my phone conversation today with Tyrone Scott, we were requested to send this letter explaining the reason why we did not respond by the September due date.

The corporation changed ownership. Mr. Gary Thompson is no longer an owner or part of this corporation. My office moved to 99 N. Atlantic Ave. Cocoa Beach, FL 32931 one and a half years ago and you must have sent the original to the old address and it was not forwarded to us last year. We just received this notice and called immediately to resolve this outstanding issue. I would like to request as Tyrone suggested that the late fee be waived due to these circumstances. I have enclosed a check for 2000 and 2001 in the amount of \$300.00 as Mr. Scott suggested.

Thank you in advance,

Richard E. Bostrom