## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **L85287** 1. Entity Name ADMIN, 2000, INC. 04-20-2000 90017 014 \*\*\*150.00 Mailing Address Principal Place of Business 780 DELTONA BLVD., STE.201 780 DELTONA BLVD., STE.201 **DELTONA FL 32725 DELTONA FL 32725-7128** 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 59-3016199 Not Applicable Zip Country 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 NAULT, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 95 WENTWOOD DR. DEBARY FL 32715 Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 filling 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 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE TITLE Delete NAME NAULT, JOSEPH NAME STREET ADDRESS STREET ADORESS 95 WENTWOOD DR. CITY-ST-ZIP CITY-ST-ZIP DEBRAY FL 32713 ☐ Change ☐ Addition Delete TITLE NAULT, SHARON A NAME NAME STREET ADDRESS STREET ADDRESS 95 WENTWOOD DR. CITY-ST-7IP CITY-ST-ZIP DEBRAY FL 32713 .. \_\_\_\_ Change Addition □.Delete TITLE TITLE ANDERSON, WILLIAM A NAME NAME STREET ADDRESS STREET ADDRESS 5824 OAKS AVE CITY-ST-ZIP CITY-ST-ZIP SUPERIOR WI Change ☐ Addition TITLE Delete TITLE SCHNETZER, DEBORAL SCHNEZEK, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 5598 BUNKY WAY CITY-ST-ZIP CITY-ST-ZIP **DUNWOODY GA 30338** M Change ☐ Delete TITLE ☐ Addition TITLE NAME NAUCT, MARC NAME NAULT, MARC STREET ADDRESS STREET ADDRESS 11241 WINDTREE DR E CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Addition ☐ Delete TITLE TITLE JAMES J.TILLS NAME NAME 91 WENTWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY, FC 32713 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAULT 4/12/00

FILED