2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 08:00 AM Secretary of State DOCUMENT # L9900004730 THE PROFILE GROUP, L.C. Principal Place of Business Mailing Address 10201 RADCLIFFE DRIVE 10201 RADCLIFFE DRIVE TAMPA \mathbf{FL} TAMPA \mathbf{FL} 33626 33626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>59-3593142</u> Not Applicable Zip Country Ζip Country \$5.00 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 DALY TERENCE 4009 WEST ANGELES STREET Street Address (P.O. Box Number is Not Acceptable) **TAMPA** FL33629 US 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. <u>/25/2000</u> SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE Delete ☐ Change ☐ Addition MGRM NAME RHIND **JERRY** STREET ADDRESS STREET ADDRESS 2207 PRESERVATION DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FLTITLE Delete TITLE MGRM ☐ Change ☐ Addition NAME NAME THE SCHNEIDER GROUP LC STREET ADDRESS STREET ADDRESS 10201 RADCLIFFE DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA** FLTIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.