2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am DOCUMENT # M17778 1. Entity Name Secretary of State ABI COMPANIES, INC. 01-25-2000 90016 048 \*\*\*158.75 Principal Place of Business Mailing Address 2502 ROCKY POINT DR., SUITE 740 2502 ROCKY POINT DR., SUITE 740 SUITE 640 SHITE 640 TAMPA FL 33607 TAMPA FL 33607-1446 Principal Place of Business 3. Mailing Address Plaza Pkin DO NOT WRITE IN THIS SPACE Scrite 400 Applied For City & State 4. FEI Number 59-2556119 Not Applicable 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 TARTIER, URAIG R.

2502 ROCKY POINT DR., SUITE 740- 4 301 Anchor Plaza Puny. Suite 400 SUITE 640-TAMPA\_EL\_33607 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Addition TITLE WILKINS, WILLIAM NAME 4301 Anchor Plaza PKWY, Suite 400 NAME STREET ADDRESS STREET ADDRESS 2502 ROCKY POINTE DRIVE, #640 tam pa, FL 33634 CITY-ST-ZIP CITY-ST-ZIP -TAMPA-FL **CVP** ☐ Delete TITLE TITLE BOOTH, WILLIAM H. III 1801 Anchor Plaza Phwy, #400 NAME NAME STREET ADDRESS 2502 ROCKY POINT DRIVE, SUITE 640 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete TITLE TITLE 4301 Anchor Plaza Pkwy, 12400 LAUER, F. BRUCE NAME 2502 ROCKY POINT DR. #640 STREET ADDRESS STREET ADDRESS Tampe, FL 33634 CITY-ST-ZIP TAMMPA FL CITY-ST-ZIP 4301 Arrehor Plaza Pkny, #400 ☐ Delete TITLE TITLE **BROOKS, JEFFREY** NAME NAME 2502-ROCKY-POINT-DRIVE, #640 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL' ☐ Delete TITLE TITLE 4201 Anchor Plaza Phuy, #400 HARTER, CRAIG R. NAME NAME STREET ADDRESS 2502 ROCKY POINT DR. #640 STREET ADDRESS Tampa, FL 33634 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Delete TITLE TITLE 4301 Anchor Plaza Pkuy 1+400 Tampa, Fl 33634 VARSAMES, LOUIS NAME 2502 BOCKY POINT DR-#640 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address with all other like empowered. (દાકુ

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI