## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # M92836** Feb 28, 2000 8:00 am **Secretary of State** DOUBLE TAKE ADVERTISING . MARKETING, INC. 02-28-2000 90006 020 \*\*\*150.00 Mailing Address Principal Place of Business 536 EAST NEWHAVEN AVE. 536 EAST NEWHAVEN AVE. MELBOURNE FL 32901-5427 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2907491 Not Applicable Zip Zip Country \$8.75 Additional 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 EGAN, MICHAEL WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1091 ROANOKE CT. N.E. PALM BAY FL 32907 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. 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MÄY 1, 2000 Fee will be \$550.00 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. ☐ Addition ☐ Delete TITLE TITLE BEASLEY, DENISE A. NAME NAME 2490 FOREST RUN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. MELBOURNE FL Addition ☐ Change ☐ Delete TITLE BEASLEY, DENISE A. NAME STREET ADDRESS 2490 FOREST RUN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP W. MELBOURNE FL ☐ Delete ☐ Change Addition 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.