2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000000313 1. Entity Name DO FEB 17 PM 4:41 F.A.I.R. / S.I.R.A. INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 5986 P.O. BOX 5986 TALLAHASSEE FL 32314 TALLAHASSEE FL 32314-5986 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired ،٤, Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COOK, JAMES V ESQ. 217 S. ADAMS ST. TALLAHASSEE FL 32301 Zip Code City ۴l 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 13455 TITLE TITLE mack NAME NAME STREET ADDRESS STREET ADDRESS 40CKBDN CITY-ST-ZIP CITY-ST-ZIP d. 179 4 P ⊃ ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 32310 FLA 3285 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 2000031391198-TITLE -02/18/00--01009--001 NAME STREET ADDRESS STREET ADDRESS ****120.00 *****70.00 CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DIRECTOR

Date

changed, or on an attachment with an address, with all other like empowered.