APR-30-01 12:09 PM

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91595 004 ***150.00

DOCUMENT # P00000016728

1. Entity Name

CAB REPORTING, INC.

Principal Place of Business: 12475 Sunset Harbor Road, Weirsdale, FL 32195

Mailing Address: P.O. Box 5, Weirsdale, FL 32195

552347

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 703 SE 28th Place
Suite, Apt. # etc
City & State: Ocala, FL
Zip: 34471 Country

3. Mailing Address: P.O. Box 1684
Suite, Apt. #, etc.
City & State: OCALA, FL
Zip: 34478 Country

4. FEI Number: 59-3639111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHRISTINE BRADSHAW
703 SE 28th Place
Ocala, FL 34471

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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] DATE 04/30/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00. After MAY 1, 2001 Fee will be $550.00. Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/S/D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Christine A. Bradshaw	NAME	
STREET ADDRESS	703 SE 28th Place	STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34471	CITY-ST-ZIP	
TITLE	VP/T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Donald W. Bradshaw	NAME	
STREET ADDRESS	703 SE 28th Place	STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34471	CITY-ST-ZIP	
TITLE	☐ 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	
TITLE	☐ 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	

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.

SIGNATURE: [signature] 04/30/01