2000 UNIFORM BUSINESS REPORT (UBR)

[redacted]
05-25-2001 90304 001 ***150.00
05-25-2001 90304 002 *****8.75
P00000050086

FILED
01 JUL 25 PM 2:33
SECRETARY OF STATE
[redacted] TALLAHASSEE, FLORIDA

73720

DO NOT WRITE IN THIS SPACE

DOCUMENT #. P00000050086

1. Entity Name: PARTHENON, INC.

NC FLD 2/20/01

Principal Place of Business: APOLLO BEACH FLORIDA 33572

Mailing Address: PO Box 3681 Apollo Beach, Fl 33572-3681

2. Principal Place of Business

Suite, Apt. #, etc.

City & State: Apollo Beach, Fl

Zip: 33572 Country: USA

3. Mailing Address: P.O Box 3681

Suite, Apt. #, etc.: N/A

City & State: Apollo Beach, Fl

Zip: 33572 Country: USA

4. FEI Number: 59-3647804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD M. HUTCHINSON
1404 Jumana Loop
Apollo Beach, Fl 33572

7. Name and Address of New Registered Agent

Name: ARNOLD M. HUTCHINSON
Street Address (P.O. Box Number is Not Acceptable): 1404 Jumana Loop
City: Apollo Beach FL Zip Code: 33572

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: ARNOLD HUTCHINSON V.P. 7/12/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GENEFE HUTCHINSON 1404 Jumana Loop Apollo Beach, Fl 33572	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR ARNOLD M. HUTCHINSON 1404 Jumana Loop Apollo Beach, Fl 33572	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ARNOLD M. HUTCHINSON 5/1/01 (813) 641-8427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #