## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # P11524** FIRST WATCH ENTERPRISES, INC. 01-20-2000 90101 001 \*\*\*150.00 Principal Place of Business Mailing Address 1355 MAIN ST. 1395 MAIN ST. 0 10 L 4 100 SARASOTA FL 34236 SARASOTA FL 34236-5616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2707837 Not Applicable Zip Country Zip Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Change Addition TITLE TITLE Defete Defete SULLIVAN, JOHN M. NAME NAME 1742 PEREGRINE PT. DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-7IP Change TITLE ሺ Delete TITLE ☐ Addition PENDERY, PAUL L. NAME NAME 414 ELM AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH CITY-ST-ZIP TITLE ☐ Delete PENDERY, KENNETH L. NAME 4439 WESTWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP CFO ☐ Delete ☐ Change ☐ Addition TITLE CRULEY, KEN NAME Vice President / Secret STREET ADDRESS 6112 BRADEN RUN STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Delete ☐ Change Addition X TITLE TITLE 4104 Centerbury 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 filling 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 of 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: Daytime Phone #