2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P92000012912 Jan 28, 2000 8:00 am **Secretary of State** PROPERTY MANAGEMENT ASSISTANCE CORP. 01-28-2000 90117 048 ***150.00 Mailing Address Principal Place of Business 498 PALM SPRINGS OR 498 PALM SPRINGS DR #270 #270 ALTAMONTE SPRINGS FL 32701-7805 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3153743 Not Applicable Country \$8.75 Additional Zip 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 **BOYLE, JAMES W** Street Address (P.O. Box Number is Not Acceptable) 498 PALM SPRINGS DRIVE #270 **ALTAMONTE SPRINGS FL 32701** 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BOYLE, JAMES W NAME NAME STREET ADDRESS STREET ADDRESS 498 PALM SPRINGS DR, #270 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Addition ☐ Delete Change TITLE WHIDDEN, BONNIE NAME STREET ADDRESS 498 PALM SPRINGS DR #270 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701** ☐ Change ☐ Addition ☐ Delete TITLE TITI F 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 an appear of the corporation of the receiver or trustee empowered. SIGNATURE:

Daytima Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR