## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

SIGNATURE:

## **FILED** DOCUMENT # **P92000013835** May 09, 2000 8:00 am **Secretary of State** N. FRANKLIN WALTERS, C.P.A., P.A. 05-09-2000 90023 046 \*\*\*150.00 Mailing Address Principal Place of Business 2630 A NW 41 ST ST 2630 A NW 41ST ST GAINESVILLE FL 32606-6666 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3156842 Not Applicable \_Country \_ . . . - -\$8.75 Additional Country \_ Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, N. FRANKLIN Street Address (P.O. Box Number is Not Acceptable) 2630A NW 41ST ST. **GAINESVILLE FL 32606** 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE WALTERS, N. FRANKLIN NAME NAME STREET ADDRESS 2630A NW 41ST ST. STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - -Change ☐ Addition ☐ Delete TITLE 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-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppliermental 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 trusts empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if