

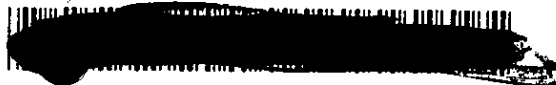
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90121 039 ***150.00

DOCUMENT # P92000013850
 1. Entity Name
JAMES, HOYER & NEWCOMER, P.A.

James, Hoyer, Newcomer,
 4830 W. Kennedy Blvd., Suite 147
 Tampa, Florida 33609

James, Hoyer, Newcomer,
 4830 W. Kennedy Blvd., Suite 147
 Tampa, Florida 33609

2. Principal Place of Business 4830 W. KENNEDY BLVD		3. Mailing Address 4830 W. KENNEDY BLVD		 DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. ONE URBAN CENTRE #147		Suite, Apt. #, etc. ONE URBAN CENTRE #147			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33609	Country USA	Zip 33609	Country USA		
4. FEI Number 59-3154550				Applied For ☐ Not Applied For ☐	
5. Certificate of Status Desired ☐				S8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent John R. Newcomer, Jr. 4830 W. Kennedy Blvd., # 147 Tampa, Florida 33609			7. Name and Address of New Registered Agent Name, N/A Street Address (P.O. Box Number is Not Acceptable) ONE URBAN CENTRE #147 4830 W. KENNEDY BLVD City TAMPA, FL 33609		

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 _____ 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 President/Director	NAME John R. Newcomer, Jr.	TITLE	NAME
STREET ADDRESS 4830 W. Kennedy Blvd. # 147	CITY-STATE-ZIP Tampa, Florida 33609	STREET ADDRESS	CITY-STATE-ZIP
TITLE Secretary/Director	NAME W. Christian Hoyer	TITLE	NAME
STREET ADDRESS 4830 W. Kennedy Blvd., # 147	CITY-STATE-ZIP Tampa, Florida 33609	STREET ADDRESS	CITY-STATE-ZIP
TITLE Treasurer/Director	NAME Judy S. Hoyer	TITLE	NAME
STREET ADDRESS 4830 W. Kennedy Blvd., #147	CITY-STATE-ZIP Tampa, Florida 33609	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

1. I certify that the information supplied in this filing does not qualify for the exemption stated in Section 190.01(3), F.S., by Shares, or otherwise, and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am authorized to deliver this report to the Secretary of State and to execute any and all documents required by Chapter 607, F.S., for the filing and recording of this report. I am authorized to deliver this report to the Secretary of State and to execute any and all documents required by Chapter 607, F.S., for the filing and recording of this report.

SIGNATURE: W. Christian Hoyer Secretary 4-28-2000