2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an aftachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT# 🚬 🚚 P93000002082 May 09, 2000 8:00 am 1. Entity Name CONTRACT BUSINESS AND INFORMATION SERVICES INC. Secretary of State 05-09-2000 90049 019 ***150.00 Principal Place of Business Mailing Address 4141 SOUTH FLORIDA AVE. 5115 SOUTH FLORIDA AVENUE LAKELAND, FL 33813 33813-2513 LAKELAND, FL. A0057511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3164401 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECKER, JAMES E. 4141 SOUTH FLORIDA AVENUE -Street-Address (P.O.-Box-Number is Not Acceptable): LAKELAND, FLORIDA 33813 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 TITLE ☐ Change Addition TITLE ☐ Defete BECKER, JAMES E. NAME NAME 4141 SOUTH FLORIDA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33813 LAKELAND, FL. Change ■ Addition TITLE . TITLE ☐ Delete NAME QUINN, JAMES STREET ADDRESS STREET ADDRESS 595 U S HIGHWAY 98 S CITY-ST-ZIP CITY-ST-ZIP AKELAND, FLORIDA $\bar{3}3801$ ☐ Change ☐ Addition TITLE TITLE ☐ Delete MOORE, THOMA'S NAME NAME STREET ADDRESS STREET ADDRESS P. O. BOX 1722 CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL. 33802 Change Addition TITLE Delete TITLE NAME NAME HARWELL, CHRIS STREET ADDRESS STREET ADDRESS 114 TENNESSEE AVENUE CITY-ST-7IP CITY-ST-ZIP LAKELAND, FL 33801 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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