2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015416 Jul 18, 2000 08:00 AM **Secretary of State** WAUCHULA TOWER LEASING, INC. Principal Place of Business Mailing Address 1424 HANDLEY BOULEVARD 1424 HANDLEY BOULEVARD LAKELAND LAKELAND FL 33803 33803 US 2. Principal Place of Business 3. Mailing Address 523 S.R. 540 W 523 S.R. 540 W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WINTER HAVEN FL WINTER HAVEN FL 59-3187237 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 338801757 338801757 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWLAND CAROL DANIEL. КЕАТН. П LPD 1424 HANDLEY BOULEVARD Street Address (P.O. Box Number is Not Acceptable) 523 S.R. 540 W LAKELAND FL 33803 City Zip Code 338801757 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. 07/18/2000 DANIEL L. KEATH II (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STVP N Delete TITLE ☐ Change ☐ Addition CHILDERS PAMELA NAME STREET ADDRESS 21 HEATHER LANE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME ROWLAND CAROL NAME КЕАТН. П DANIEL STREET ADDRESS 1424 HANDLEY BOULEVARD STREET ACCRESS 523 S.R. 540 W CITY-ST-ZIF LAKELAND FL. 33803 CITY-ST-718 WINTER HAVEN FT. 338801757 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED