

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Sep 18, 2000 8:00 am Secretary of State

09-18-2000 90029 035 ***550.00

DOCUMENT # P93000043897

1. Corporation Name UHRIG & MACKENZIE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2821 A WORTH AVE, ENGLEWOOD, FL 34224 US
Mailing Address 2821 A WORTH AVE, ENGLEWOOD, FL 34224 US

2. Principal Place of Business, 2a. Mailing Address, Suite, Apt. #, etc., City & State, Zip, Country

3. Date incorporated or Qualified 06/22/1993
4. FEI Number 22-2282247
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent MACKENZIE, ROBERT 2821 A WORTH AVE, ENGLEWOOD, FL 34224 US

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include SO MACKENZIE, LORRAINE and PD MACKENZIE, ROBERT.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows 1.1-6.4 for Name, Title, and Address changes.

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25024 (11/98)