2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P93000048610** Jan 19, 2000 8:00 am **Secretary of State** LAWYERS' CHOICE INC. 01-19-2000 90159 019 ***150.00 Mailing Address Principal Place of Business 3650 - 135TH AVENUE NORTH 3650 - 135TH AVENUE NORTH LARGO FL 34641 LARGO FL 33771-4035 US US UUUU4534 3. Mailing Address 2. Principal Place of Business 2600 00 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 106 Applied For City & State 4. FEI Number City & State 59-3189642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired フノろ un Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ----BAUMBACH, DONNELL -Street-Address (P.O.-Box-Number-is Not Acceptable) 3650 135TH AVE. NORTH **LARGO FL 34641** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! 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 11. Change TITLE TITLE Delete BAUMBACH, DONNELL NAME NAME STREET ADDRESS STREET ADDRESS 3650 - 135TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE NAME 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-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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