2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000052112 Apr 10, 2000 8:00 am Secretary of State SATHER ENTERPRISES, INC. 04-10-2000 90111 019 ***150.00 Mailing Address Principal Place of Business 2945 BELCHER RD. 2945 BELCHER RD. PALM HARBOR FL 34683-7110 PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3229724 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME SATHER, KATHERINE A Street Address (P.O. Box Number is Not Acceptable) 101 SHEFFIELD CIRCLE W PALM HARBOR FL 34683 BELCHER ARBOR 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DVPS DVPS Delete TITLE TITLE SATHER, KATHERINE A. SATHER, KATHERINE A NAME NAME BELCHER 2945 STREET ADORESS 101 SHEFFIELD CIRCLE W STREET ADDRESS PALM HARBOR, FL. 34683 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Delete TITLE. SATHER, BEN J. SATHER, BEN J NAME NAME BELCHER 2945 Î 101 SHEFFIELD CIRCLE W STREET ADDRESS STREET ADDRESS HARBOR CITY-ST-7IP PALM HARBOR FL CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE 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 13. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-669-5293

pril 5, 2000