2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P93000053981** Mar 06, 2000 8:00 am **Secretary of State** THOMAS R. GARLAND, P.A. 03-06-2000 90040 025 ***150.00 Mailing Address Principal Place of Business 1541 SE PSL BLVD .-- SE PSL BLVD ----- B LIT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0423483 Not Applicable Zip Country \$8.75 Additional Zip_ 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARLAND, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 1541 SE PSIZ BLVD **SUITE B** PORT ST LUCIE FL 34952: Zip Code is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE (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 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 Addition ☐ Delete TITLE GARLAND, THOMAS R NAME STREET ADDRESS STREET ADDRESS 1595 SE PORT ST. LUCIE BLVD. CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information exposite 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 receive or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter for an attackment full as address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT 2-18-00

Douting Phone #