2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 12, 2000 8:00 am DOCUMENT # **P94000024748** Secretary of State THREE TYPE A'S, INC. 01-12-2000 90041 041 ***150.00 Mailing Address Principal Place of Business POB 2325 100 W KENNEDY BLVD TAMPA FL 33601-2325 STE 740 TA Le 33602 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3232728 Not Applicable \$8.75 Additional Country Zip 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 UITERWYK, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 100 W KENNEDY BLVD STE 740 **TAMPA FL 33601** Zip Code City 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 registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. ☐ Addition Change PD ☐ Delete TITLE FLOWERS, H.C. NAME STREFT ADDRESS STREET ADDRESS 2919 WALLCRAFT AVE. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCLAW, R 100 W KENNEDY BLVD, STE 740 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 ☐ Addition Change ☐ Delete TITLE TITLE UITERWYK.STEVEN NAME NAME STREET ADDRESS 100 W KENNEDY, STE 740 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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

FILED