2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am DOCUMENT # **P94000086668** Fntity Name **Secretary of State** COOK & KOCH, P.A. 03-24-2000 90120 031 ***150.00 Principal Place of Business Mailing Address ONE HARBOUR PLACE. SUITE 200 ONE HARBOUR PLACE. SUITE 200 777 SOUTH HARBOUR ISLAND BOULEVARD 777 SOUTH HARBOUR ISLAND BOULEVARD TAMPA FL 33602-5729 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3286136 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, RONALD D Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH HARBOUR ISLAND BLVD. South Horbour Island TAMPA FL 33602 City Zip Code 33602 ampa 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After NAY 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. PTSD Change ☐ Delete TITLE Stephen A. Koch 7774 S. Harbour Island Blvd., STE 200 COOK, RONALD D NAME NAME STREET ADDRESS 777 SO HARBOUR ISLAND BLVD., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Delete TITLE Ronald D. Cook 177 So. Harbow Island Blvd. Sto 200 COOK, RONALD D NAME NAME 777 SO HARBOUR ISLAND BLVD., STE 200 STREET ADDRESS STREET ADDRESS Tampa, FZ 33602 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Addition Delete ___ TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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 with an address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

D. Cook Preside March 21, 2000 (813) 272-1259