2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000088557** 1. Entity Name TULLY/WOODMANSEE INTERNATIONAL, INC. 05-24-2000 90188 003 ***150 00 Mailing Address Principal Place of Business 2928 KENILWORTH BLVD 2928 KENILWORTH BLVD SEBRING FL 33870-4307 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0536729 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent سـ سر ـ 6. Name and Address of Current Registered Agent Name TULLY, MARGO Street Address (P.O. Box Number is Not Acceptable) 2928 KENILWORTH BLVD SEBRING FL 33870 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDS ☐ Delete TITLE Change Addition TITLE TULLY, MARGO NAME NAME STREET ADDRESS STREET ADDRESS 2928 KENILWORTH BLVD CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 ☐ Change Addition ☐ Delete TITLE TITLE WOODMANSEE, BRUCE NAME STREET ADDRESS 2928 KENILWORTH BLVD STREET ADDRESS CiTY-ST-7IE CITY-ST-ZIP SEBRING FL 33870 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

Margo 1. Tully - President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863 382-1020

CR2E034 (9/99)

Daytime Phone #