2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090710

1. Entity Name

ERA ADVERTISING SPECIALTY, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90038 004 ***150.00

Principal Place of Business	Mailing Address
950 DEERWOOD LOOP LONGWOOD FL 32779 US	950 DEERWOOD LOOP LONGWOOD FL 32779-2360 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
425 Summit Ridge Pl.	425 Summit Ridge Pl.
Suite, Apt. #, etc. #109	Suite, Apt. #, etc. #109
City & State Longwood, Fla.	City & State Longwood Fl
Zip 32779 Country USA.	Zip 32779 Country USA

4. FEI Number 59-3290647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABIDE, ELLIS R 950 DEERWOOD LOOP LONGWOOD FL 32779	Name Abide, Ellis R. Street Address (P.O. Box Number is Not Acceptable) 425 Summit Ridge Pl. #109 City Longwood FL Zip Code 32779

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 [signature] (Pres.) 5.8.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABIDE, ELLIS R. 950 DEERWOOD LOOP LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 5.8.00 407-862-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)