2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P94000091924 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name TECHNICAL WRITING SERVICE OF LAKE COUNTY, INC. 08-29-2000 90032 006 ***150.00 09-18-2000 90025 014 ***400.00 Principal Place of Business Mailing Address 6905 TREASURE ISLAND RD 6905 TREASURE ISLAND RD. LEESBURG FL 34788 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3290303 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE. **SUITE 1100** ORLANDO FL 32801 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. DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPKEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS FICERS AND DIRECTORS IN 11 **↑** Change Addition TITLE Detete TITLE HEPLER, DONALD E NAME NAME STREET ADDRESS 6905 TREASURE ISLAND RD. STREET ADDRE CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP ☐ Addition ☐ Delete 🗌 Change TITLE TITLE HEPLER, DONNA E NAME STREET ADDRESS STREET ADDRESS 6905 TREASURE ISLAND RD. CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 _ Change ☐ Addition - -- Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZII ☐ Chande ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ 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), Plorida 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 phace 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 in changed, or on an attachment with an address, with all other like empowered. vade under oath; that I am an officer or director that my name appears in Block 11 or Block 12 if