## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## FILED DOCUMENT # P95000013729 Apr 03, 2000 8:00 am Secretary of State DETRA CORPORATION 04-03-2000 90190 038 \*\*\*150.00 Principal Place of Business Mailing Address 9 SPENCER SHORES 9 SPENCER-SHORES HAINES CITY FL 33844-8565 HANES CITY FL 33844 2. Principal Place of Business 3. Mailing Address N. 12Th STREET للمهدآ ک Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3296219 Not Applicable aines \$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 Name REESE Street Address (P.O. Box Number is Not Acceptable) WATERS, LAWRENCE A 9 SPENCER SHORES HAINES CITY FL 33844 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria or back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS <del>11.</del> ☐ Addition Delete TITLE THLE WATERS, LAWRENCE A NAME NAME 9 SPENCER SHORES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 Delete TITLE WATERS, CAROLYN B NAME STREET ADDRESS STREET ADDRESS 9 SPENCER STREET HAINES CITY FL 33844 CITY-ST-7IP CITY-ST-ZIP Delete TITLE---TITLE 112 NAME KURTZ, STEPHANIE NAME STREET ADDRESS 10021 DOVE RIDGE DRIVE STREET ADDRESS Charlotte, NC 28227 CITY-ST-ZIP LAS VEGAS NV 89117 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.