2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P95000027797** Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** DERO, INC. 02-16-2000 90127 026 ***150.00 Principal Place of Business Mailing Address 3846 TIMBER RIDGE COURT 3846 TIMBER RIDGE COURT PALM HARBOR FL 34685 PALM HARBOR FL 34685 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 59-3308951 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEDRICK, AMY L Street Address (P.O. Box Number is Not Acceptable) 3846 TIMBER RIDGE COURT PALM HARBOR FL 34685 Zip Code City FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Change ☐ Delete TITLE TITLE DEDRICK, AMY L NAME NAME STREET ADDRESS 3846 TIMBER RIDGE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 Change □ Addition TITLE TITLE □ Delete DEDRICK, VICTORA ANN NAME NAME STREET ADDRESS 3846 TIMBER RIDGE COURT STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE GURWELL, DONALD A NAME NAME STREET ADDRESS 3846 TIMBER RIDGE COURT STREET ADDRESS PALM HARBOR FL 34685 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chanoe Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

VICTURIA ANN DEDRICK