FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE I OR DIRECTOR

Jun 05, 2001 8:00 am Secretary of State DOCUMENT # P95000027797 1. Entity Name 06-05-2001 90029 027 ***550.00 DERO, INC. Principal Place of Business Mailing Address 3846 TIMBER RIDGE COURT 3846 TIMBER RIDGE COULT PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 4027 NW3 3rd Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SAINES VILLE City & State 4. FEI Number Applied For 59-3308951 GAINES VILLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired ACHUA 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 8. The above named entity submits this statement for the purpose of changing it registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO -: Registered Agent signature required when reinstating) DATE FILE NOV (!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2 101 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pays ble to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition DEDRICK, AMY L NAME NAME 3846 TIMBER RIDGE COURT STREET ADDRESS STREET ADORESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition DEDRICK, VICTORA ANN NAME 3846 TIMBER RIDGE COURT STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP PALM HARBOR FL 34685 TITLE ☐ Delete TITLE Change Addition GURWELL, DONALD A NAME NAME STREET ADDRESS 3846 TIMBER RIDGE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 71TLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify 1 in 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 an fusive 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 empowere 1.