2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P95000035621 May 08, 2000 8:00 am Secretary of State WALTER L. GRANTHAM, JR., P.A. 05-08-2000 90186 036 ***150.00 Principal Place of Business Mailing Address 18167 US HWY 19 N 18167 US HWY 19 N STE 310 STE 310 CLEARWATER FL 33764 CLEARWATER FL 33764-1706 2. Principal Place of Business 3. Mailing Address Ste 135 2240 Belleair Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #135 Applied For 4. FEI Number City & State 59-3320755 PL Not Applicable earwater \$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 GRANTHAM, WATLER L JR. Street Address (P.O. Box Number is Not Acquetable) 18167 US HWY 19 N Ste # 135 **STE 310 CLEARWATER FL 33764** City learwater 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GRANTHAM, WALTER L JR. 2240 Belleair Rd. Ste # 135 STREET ADDRESS STREET ADDRESS 18167 US HWY 19 N STE 310 Clearwator, IEL 33764 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Change 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 ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 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