2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000051582 Jan 20, 2000 8:00 am **Secretary of State** FINANCIAL & BUSINESS ASSOCIATES. INC. 01-20-2000 90168 044 ***150.00 Mailing Address Principal Place of Business 701 BOUGH AVE 701 BOUGH AVE CLEARWATER FL 33760 - 1570 CLEARWATER FL 33760-1570 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0593264 Not Applicable Zip Country 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 エロピロスター ESKEY THE LAW FIRM OF LAWRENCE I SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMEBIA AVENUE COPAL GABLES PL 83134 GARWATER 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 SESKE4 SIGNATURE (NQTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSD** TITLE TITLE Delete JOSEPH JESKEY JESKEY, JOSEPH NAME NAME STREET ADDRESS 701BOUGH AUG 701 BOUGH AVENUE STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33760 CITY-ST-ZIF CLEARWATER FL 34620 Change ☐ Addition ☐ Delete TITLE TITLE LLONA JESKEY, ILLONA NAME noiBough Ave STREET ADDRESS STREET ADDRESS 701 BOUGH AVENUE CLEARWATUR, FL 33760 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34620** ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 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 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 withyan address, with all other like empowered.