FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P95000057892 JEFF R. FRENCH & ASSOCIATES, P.A. 04-02-2001 90301 035 \*\*\*150.00 Principal Place of Business Mailing Address 333 S TAMIAMI TR 333 S TAMIAMI TR SUITE 257 SUITE 257 640216 VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address 1314 E. VENICE AVENUE 1314 E. VENICE-AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE C SUITE C City & State City & State 4. FEI Number Applied For 65-0598921 VENICE, VENICE, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34292 34292 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRENCH, JEFF R FRENCH, JEFF R Street Address (P.O. Box Number is Not Acceptable) 333 S TAMIAMI TR 1314 E. VENICE AVENUE SUITE 257 SUITE C VENICE FL 34285 Zip Code VENICE . 34292 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 After MAY 1, 2001 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 Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE X Change FRENCH, JEFF R NAME NAME FRENCH, JEFF R 333 S. TAMIAMI TRAIL, SUITE 257 STREET ADDRESS STREET ADDRESS 1314 E. VENICE AVENUE, SUITE C CITY-ST-ZIP VENICE FL 34285 CITY-ST-7IP VENICE, FL 34292 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

JEFF R. FRENCH