2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 11, 2000 8:00 am Secretary of State DOCUMENT # P95000068127 WAHOO SOUTH, INC. 02-11-2000 90028 044 ***150.00 Principal Place of Business Mailing Address 8391 E ORANGE AVE 8391 E ORANGE AVE DUBTRIBL FLORAL CITY FL 34436 FLORAL CITY FL 34436-3268 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3331916 Not Applica Country Zip 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 SUDHEIMER, LUELLENE 11619 E. STEAMBOAT DRIVE FLORAL CITY FL 34436 E STEAMBORT DRIVE 8. The above named entity supprite, 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change TITLE TITLE NAME SUDHEIMER, GEORGE NAME STREET ADDRESS STREET ADDRESS 11619 E. STEAMBOAT DR. CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL Change TITLE Delete TITLE SUDHEIMER, LUELLENE NAME NAME STREET ADDRESS STREET ADDRESS 11619 E. STEAMBOAT DR. CITY ST-ZIP-CITY-ST-ZIP FLORAL CITY FL TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \Box . Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete NAME 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 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 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 changed, or on an attachment with a paddress, with all other the proposed of the corporation of the receiver or trustee empowered.