2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P95000075066** May 11, 2000 8:00 am Secretary of State CG ASSOCIATES, INC. 05-11-2000 90326 033 ***150.00 Mailing Address Principal Place of Business 1878 PIEDMONT RD 1878 PIEDMONT RD TAMPA FL 30324 TAMPA FL 30324 LIS 2. Principal Place of Business 3. Mailing Address 4095 EMPASSI 4434 W. KENNEDY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3338670 GRAND RAPIDS Not Applicable TAMA Country Country \$8.75 Additional 5. Certificate of Status Desired 49546 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELSBERRY, MICHAEL V ESQ. Street Address (P.O. Box Number is Not Acceptable) % LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 NORTH EOLA DR. ORLANDO FL 32802 Zip Code FL 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) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. RECEIVER ☐ Change ► Addition TITLE 👿 Delete TITLE PHILLIP S. STENGER SEC V. HOVA NAME HOMA, CHARLES R NAME 4095 EMBASSY DRIVESE STREET ADDRESS CASE STREET ADDRESS 1878 PIEDMONT RD CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30324 ☐ Chance ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME 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 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change · 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if