2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000075642** Jan 24, 2000 8:00 am **Secretary of State** SAFARI ART - LAND SEA AND SKY INC. 01-24-2000 90040 017 ***150.00 Mailing Address Principal Place of Business 20825 GROUPER DR. 20825 GROUPER DR. CUTTLER RIDGE FL 33189-3201 **CUTTLER RIDGE FL 33189** 2. Principal Place of Business 20825 6 Con same Grouper DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State, City & State 65-0616024 Not Applicable)¦ami 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 ALLEN, FITZGERALD Street Address (P.O. Box Number is Not Acceptable) 20825 GROUPER DR. **CUTTLER RIDGE FL 33189** Zip Code 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. ikyerold Hllen 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 12. 11. ☐ Change · ☐ Addition ☐ Delete THE TITLE ALLEN, FITZGERALD NAME 20825 GROUPER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CUTTLER RIDGE FL 33189** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 exemption or the exemption of the changed, or on an attack