2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF

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FILED DOCUMENT # P95000086946 Mar 28, 2000 8:00 am **Secretary of State** TIJID. INC. 03-28-2000 90072 033 ***150.00 Principal Place of Business Mailing Address 2927 SNUG HARBOR OR. 2327 SNUC HARBOR DR. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-2059 2. Principal Place of Business 3. Mailing Address 20th 55 **کر** 1507 1507 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0626678 لكنوعرفك FL Breach ρ 1840 Jero Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired is ex 2960 ᢃ᠘᠙ᢠᢀ USIA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAULL, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2327 SNUG HARBOR DR. PALM BEACH GARDENS FL 33410 s statement for the purpose of changing its legis ered office or registered agent ine State of Florida. 8. The above named entity submits the SIGNATURE ! (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intagglble 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 TITLE ☐ Delete TITLE SAULL, JEFFREY NAME NAME STREET ADDRESS 2326 SOUTHSHORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change Addition Delete TITLE NAME LASTER, TERRY NAME STREET ADDRESS STREET ADDRESS 13 COPPERFIELD CITY-ST-ZIP **BENTONVILLE AR 72712** CITY-ST-ZIP ☐ Change Delete TITLE Audition TITLE ADAMS, RICHARD W NAME NAME STREET ADDRESS 5401 SE 33RD ST STREET ADDRESS CITY-ST-ZÍP CITY-ST-ZIP **EDMOND OK 73013** Change ☐ Addition Delete TITLE 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-ZIP ☐ Addition ☐ Change Delete TITLE TITLE 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 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 at required by Chapter 60/ Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Daytime Phone #