## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P95000094870** Apr 10, 2000 8:00 am Secretary of State DAVID D. HENDERSON, ATTORNEY AT LAW, P.A. 04-10-2000 90175 029 \*\*\*150.00 Principal Place of Business Mailing Address 2000 SOUTH FLORIDA AVENUE POST OFFICE BOX 2955 LAKELAND FL 33806-2955 LAKELAND FL 33806 2. Principal Place of Business 3. Mailing Address 1820 South Floricla Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3352724 aheland Not Applicable 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 HENDERSON, DAVID D et Address (P.O. Box Number is Not Acceptable) 2000 SOUTH FLORIDA AVENUE LAKELAND FL 33806 seland tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ (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 TITLE ☐ Delete HENDERSON, DAVID D NAME 1820 South Florida Avenue STREET ADDRESS 2000 SOUTH FLORIDA AVENUE STREET ADDRESS Lakeland FL 3380 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33806 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ED NAME OF SIGNING OFFICER OR DIRECTOR