2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 14, 2000 8:00 am DOCUMENT # P9600007508 **Secretary of State** DISCOUNT PORTABLE BUILDINGS, INC. 01-14-2000 90027 044 ***150.00 Principal Place of Business Mailing Address 8716 LEM TURNER ROAD 8716 LEM TURNER ROAD JACKSONVILLE FL 32208-2669 JACKSONVILLE FL 32208 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3364645 City & State Not ≜........ \$8.75 Additional Country Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'DONNELL. REGIS Street Address (P.O. Box Number is Not Acceptable) 6831 CARSEGENA COURT JACKSONVILLE FL 32210 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Delete TITLE TITLE NAME O'DONNELL, REGIS NAME STREET ADDRESS 6831 CARTEGENA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 □..... Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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 □ '.: ☐ Change ☐ Delete TITLE 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 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 display 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 changed, or on an attachment with an address, with all other like empowered.

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