2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachrr

SIGNATURE:

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P96000021022 1. Entity Name ASCOT DEVELOPMENT CORPORATION 04-18-2000 90185 007 ***150.00 Principal Place of Business Mailing Address 15 PARADISE LANE 15 PARADISE LANE TREASURE ISLAND-FL-33706 TREASURE ISLAND Ft. 33706-1129 2. Principal Place of Business 3. Mailing Address イント ኒራዕ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3369603 Not Applicable UNEDI Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLSON, ROBERT H 15 PARADISE LANE --TREASURE ISLAND FL 33708 Zip Code クミクル purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names 4-10-00 SIGNATURE _ (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS BUHDE, LADENICH D Addition ☐ Delete TITLE \mathcal{D} TITLE WILSON, JOHN D NAME 1260 PALM BLUD NAME STREET ADDRESS STREET ADDRESS **15-PARADISE LANE** DUNEDIN FL. BYLLAR CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Change Addition ☐ Delete TITLE TITLE WILSON, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 15 PARADISE LANE CITY-ST-ZIF TREASURE ISLAND FL 33706 CITY-ST-7IP ☐ Addition - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIF CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ 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-ZIP 13. Thereby certify that the information supplied with this filling 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 receiper or russee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

4-10:00