2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

Mar 28, 2000 8:00 am Secretary of State DOCUMENT # P96000030923 1. Entity Name FYI. INC. 03-28-2000 90048 047 ***150.00 Principal Place of Business Mailing Address 1058 LARKSPUR LOOP 1058 LARKSPUR LOOP JACKSONVILLE FL 32259 JACKSONVILLE FL 32259-4303 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3373111 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required ~. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code FL 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 Signature, typed or conted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLÈ Change Addition SNYDER, MARK L NAME NAME 1058 LARKSPUR LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 □ Oelete TITLE ☐ Change Addition TITLE SNYDER, FU-YING D NAME NAME STREET ADDRESS 1058 LARKSPUR LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32259 ☐ Change ☐ Addition . Delete . TITLE SNYDER, MARK L NAME NAME 1058 LARKSPUR LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZJP JACKSONVILLE FL 32259 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 branches empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED