2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # **P96000051716** May 16, 2000 8:00 am Secretary of State CFR INVESTMENTS, INC. 05-16-2000 90156 039 ***150.00 Principal Place of Business Mailing Address 7014 AC SKINNER PKWY 7014 AC SKINNER PKWY SUITE 290 SHITE 290 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-6940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3392481 Not Applicable Zip Country 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 Name LIESER, ALLEN R Street Address (P.O. Box Number is Not Acceptable) 7014 AC SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256 Zip Code state nept for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE hen 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 OFFICERS AND DIRECTORS 11. ☐ Change □ Addition TITLE ☐ Delete TITLE RAY, JR. J NAME NAME 7014 AC SKINNER PARKWAY #290 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change ☐ Addition TITLE ☐ Delete TITLE FORNELL, RICHARD H. NAME NAME STREET ADDRESS 7014 AC SKINNER PARKWAY, #290 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZiP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE LEISER, ALLEN NAME NAME 7014 AC SKINNER PARKWAY #290 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE GABREE, BRIAN NAME NAME STREET ADDRESS 7014 AC SKINNER PARKWAY #290 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if