2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am DOCUMENT # **P96000052989** Secretary of State FRONTAGE PROPERTIES, INC. 03-04-2000 90122 026 ***158.75 Mailing Address Principal Place of Business P O BOX 9658 2515 E. HANNA AVE. TAMPA FL 33674-9658 **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3441336 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMSON, LEON A JR. Street Address (P.O. Box Number is Not Acceptable) 2515 E. HANNA AVE. **TAMPA FL 33610** 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 printed name of registered agent and title if applicable DATE (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 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE NAME JURADO, JAIME NAME STREET ADDRESS STREET ADDRESS 2515 E. HANNA AVE. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Addition Change ☐ Delete TITLE JURADO, KURT D NAME NAME STREET ADDRESS 2515 E. HANNA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Change Addition ☐ Delete TITLE TITLE JURADO, KEITH M NAME NAME STREET ADDRESS 2515 E. HANNA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Addition Change ☐ 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 Change Addition ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaime Jurado Treasurer

2/28/00

(813)238-5010

Daytime Phone #

CHZEU34 (3/39)