## FILED 2001 Uniform Business Report (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P96000069272 1. Entity Name 05-23-2001 91185 009 \*\*\*150.00 LINDA CHURCHILL, CPA, PA Principal Place of Business Mailing Address 102 W Wheting St. UU070092 102 w Whiting St Suite 600 Tampa, FL 33602 Tampa FL 33607 3. Mailing Address 2. Principal Place of Business 601 N ask 601 N Ashley Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 700 Suik 700 City & State Tampa Applied For 4. FEI Number 59-3417706 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33602 Fee Required Lenda Cherchill Ste 600 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named epith submits this statement for the purpose of changing its agreed office or registered agent, or both, in the State of Florida SIGNATURE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!! FEETIS,\$150.00 10. Election Campaign Financing \$5.00 May Be AfteriMAY 1 200 1 Feerwill be \$550 00 753 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payabl >to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Luda Churchell 102 w. whiting, ste 600 TITLE NAME NAME St& 700 STREET ADDRESS STREET ADDRESS 33602 CITY-ST-7IP CITY - ST-ZIP Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIF CITY-ST-ZIP Addition ☐ Change ☐ Delete THILE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 supplimental 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 at 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: