2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078863

CODMEDSTONE INVESTMENT SERVICES INC

FILED Feb 11, 2000 8:00 am Secretary of State

Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applied For No
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-3942 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country 5. Certificate of Status Desired \$8. Fee 6. Name and Address of Current Registered Agent Name WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY FL 34690 City FL Street Address (P.O. Box Number is Not Acceptable) City 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 tite if applicable, (NOTE: Registered Agent agents required agent and estimated by the state of Florida. Atter MAY 1, 2000 Fee will be \$555.00 Make Check Payable to Department of State Do NOT WRITE IN THIS SPACE A. FEI Number 59-3405365 Septimate in the state of State \$8. Fee City FL Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent agents required agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent agents required agent required agent agent agent agent agents agent agent agent agent agents agent a	Applied For Not Applied For No
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country 5. Certificate of Status Desired \$8. Fee 6. Name and Address of Current Registered Agent Name WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY FL 34690 City 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 85te if applicable. NATE NOTE: Registered Agent signature required when reinstaling) PAILE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME WALKER, CHARLES F	Applied For Not Applied For No
City & State Country Country Country Street Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL City	Applied For Not Applied For Not Applied For Not Applied For Not Additional Required t
Zip Country Zip Country 5. Certificate of Status Desired \$8. Fee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY FL 34690 City 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. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D WALKER, CHARLES F	Not American 75 Additional Required t Zip Code
6. Name and Address of Current Registered Agent WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY FL 34690 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) TITLE D WALKER, CHARLES F D Cettinicate of Status Desired 7. Name and Address of New Registered Agent Name Name Name Name Name Name and Address of New Registered Agent Name and Address (P.O. Box Number is Not Acceptable)	75 Additional Required t
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TITLE NAME STREET ADDRESS 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 the state of the exemption stated in Section 119.07(3)(i), Florida Statutes.	Change \square .

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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR