2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000081807** Jan 19, 2000 8:00 am **Secretary of State** COOPER & BYRNE, P.A. 01-19-2000 90022 036 ***150.00 Principal Place of Business Mailing Address 2414 EAST PLAZA DRIVE P.O. BOX 13651 TALLAHASSEE FL 32308 TALLAHASSEE FL 32317-3651 3. Mailing Address 2. Principal Place of Business 1358 Thomaswood Drive 1358 Thomaswood Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3406388 Not Applicable Tallahassee, Florida Tallahassee, Florida \$8.75 Additional Country Żip Country 5. Certificate of Status Desired Fee Required 32312 USA 32312 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charles L. Cooper, Jr. COOPER, CHARLES L JR. Street Address (P.O. Box Number is Not Acceptable) 2414 EAST PLAZA DRIVE TALLAHASSEE FL 32308 1358 Thomaswood Drive Zip Code 32312 <u>Tallahassee</u> statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nar ubmits t 1/11/2000 <u>Charles L. Cooper, Jr.</u> SIGNATURE ne of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. DP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME BYRNE, D. ANDREW STREET ADDRESS STREET ADDRESS **518 BOBBIN BROOK LANE** CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Change ☐ Addition TITLE DVP Defete TITLE COOPER, CHARLES L NAME NAME STREET ADDRESS STREET ADDRESS 821 LAKE RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition ☐ 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 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling 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 receiper or rustipe 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 attachme 850-553-4300

Charles L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cooper, Jr.,

SIGNATURE:

Vice President 1/11/2000