2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000083336** DURANGO OF COCOA BEACH, INC. 04-03-2000 90006 049 ***150.00 Principal Place of Business Mailing Address 2325 ULMERTON ROAD. SUITE 20 2325 ULMERTON ROAD. SUITE 20 CLEARWATER FL 34622 CLEARWATER FL 33762-3373 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 59-3409249 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD, SUITE 20 CLEARWATER FL 34622 33762 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BULLARD, FRED B JR NAME NAME STREET ADDRESS 2325 ULMERTON RD #20 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** Change ☐ Addition ☐ Delete TITLE BULLARD, KAROL NAME NAME STREET ADDRESS 2325 ULMERTON RD #20 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** Change Addition ☐ Delete TITLE TITLE MORRIS, GREGORY D. NAME NAME STREET ADDRESS 2325 ULMERTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition ☐ Change Delete TITLE TITLE WALKER, MITCH NAME NAME STREET ADDRESS STREET ADDRESS 2325 ULMERTON RD #20 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition Change TITLE ☐ Delete 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 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 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