2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P96000085688 1. Entity Name 05-15-2001 90047 022 ***150.00 RONDA R. STORMS, P.A. Principal Place of Business Mailing Address 2129 CROSBY ROAD 2129 CROSBY ROAD unnee5534 VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0718615 Applied For Not Applicable Country Country Zin Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARTHUR, JOHN P Street Address (P.O. Box Number is Not Acceptable) 12607 STILLWATER TERRACE TAMPA FL 33624-4742 Zip Code 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition STORMS, RONDA R NAME NAME 2129 CROSBY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STORMS, DAVID K NAME NAME 2129 CROSBY ROAD STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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.