FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P96000085788 CERTIFIED ESTATE & TAX PLANNING SERVICES INC. 04-17-2001 90167 034 ***150.00 Principal Place of Business Mailing Address 4910 14TH ST WEST 4910 14TH ST WEST STE 301 C0046767 **BRADENTON FL 34207 BRADENTON FL 34207** us US 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 Applied For 65-0705078 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIMMLER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4910 14TH ST WEST STE 301 **BRADENTON FL 34207** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition CR2E034 (10/00 TITLE Delete HIMMLER, KENNETH SR NAME STREET ADDRESS 4910 14TH ST WEST STE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** Addition TITLE ☐ Delete TITLE ☐ Change HIMMLER, KENNETH SR NAME NAME STREET ADDRESS STREET ADDRESS 4910 14TH ST WEST STE 301 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Change TITLE TITLE Addition HIMMLER, KENNETH SR 🗻 🧸 NAME NAME STREET ADDRESS STREET ADDRESS 4910 14TH ST WEST STE 301 CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34207** Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME 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 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

SIGNATURE:

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

3/15/01

941-7569345

Daytime Phone