2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000089838** Apr 06, 2000 8:00 am Secretary of State BEVERLY J. STEINEBRONN, P.A. 04-06-2000 90061 027 ***150.00 Principal Place of Business Mailing Address 714 IRONWOOD COURT 714 IRONWOOD COURT WINTER SPRINGS FL 32708-5900 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FÉI Number 59-3406339 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINEBRONN, BEVERLY J Street Address (P.O. Box Number is Not Acceptable) 714 IRONWOOD COURT WINTER SPRINGS FL 32708 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 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. **PVST** ☐ Change ☐ Addition TITLE ☐ Delete TITLE STEINEBRONN, BEVERLY J NAME STREET ADDRESS 714 IRONWOOD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 President Addition TITLE ☐ Change ☐ Delete TITLE STEINE BROWN, KURT A NAME NAME IRONWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

BOVERLY STEINEBROUN