FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P96000099526** 03-20-2000 90185 037 ***150.00 RUHL & ASSOCIATES, INC. Mailing Address Principal Place of Business . . 2976 COMPTON COURT ATT COMPTON COURT 110020164 THE ADMATER FL 33761 CLEARWATER FL 34691-5225 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-3414682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 45CO Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent o Ann BAILEY, JEAN E mber is Not Acceptable) 2976 COMPTON COURT **CLEARWATER FL 33761** agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE d tipe if applicable (NOTE: Registered Agent sign FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPT Addition ☐ Change Delete TITLE TITLE JoAnn Bailey BAILEY, THOMAS J NAME AHERNATE 19 NAME 2976 COMPTON COURT STREET ADDRESS STREET ADDRESS FI 34691 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 DVPS ☐ Change ☐ Addition TITLE Delete TITLE BAILEY, JEAN E NAME 2976 COMPTON COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IF CLEARWATER FL 33761 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 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 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: