2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700004401 Apr 24, 2000 8:00 am Secretary of State KURT SCHLEICHER ADVERTISING, INC. 04-24-2000 90142 038 ***150.00 Principal Place of Business Mailing Address 515 BAY ST #100 515 BAY ST #100 TAMPA FL 33606-2701 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOGGS, E. JACKSON Street Address (P.O. Box Number is Not Acceptable) **501 EAST KENNEDY BLVD SUITE 1700 TAMPA FL 33602** 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** DATE 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 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition ☐ Delete TITLE TITLE SCHLEICHER, KURT P.J. NAME NAME STREET ADDRESS STREET ADDRESS 201 WEST DAVIS BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Addition ☐ Change Delete TITLE TITLE SCHLEICHER, DIANE M NAME NAME 201 WEST DAVIS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33606 Change ☐ Addition ☐ Delete TITLE 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 ☐ Delete TITLE 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 with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information indicated on this report or supplementation accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or the changed, or on an attachment with an owered

ner like empowered.

s, with all

SIGNATURE AND TYPE