2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

PED OR PRINTED NAME OF 5

FILED DOCUMENT # **P97000004875** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** R.J. VANNERSON COMPANY, INC. 02-22-2000 90007 023 ***150.00 Principal Place of Business Mailing Address 1630 ENFINGER RD 1630 ENFINGER RD SUITE B SUITE B PACE FL 32571 PACE FL 32571-9704 04064004 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 6140 ENFINGER ROAD 6140 ENFINGER RUAD 4. FEI Number Applied For 59-3419160 PACE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SANTA ROSA 2571 SAUTA POSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOZIER, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 125 W. ROMANA STREET SUITE 224 PENSACOLA FL 32501 Zip Code City 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 (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 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 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE TITLE VANNERSON, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 1630 ENFINGER RD CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 TITLE ☐ 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-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete 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 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.

NNERSON PAESIDANT, 2-9.00 850-9