2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am DOCUMENT # **P97000028594** 1. Entity Name Secretary of State B.C.I. & AFFILIATES, INC. 05-15-2000 90147 039 ***150.00 Principal Place of Business Mailing Address 110 E. REYNOLDS ST 110 E. REYNOLDS ST 660-S PLANT CITY FL 33566-3361 PLANT CITY FL 33566 Principal Place of Business Mailing Address Ken DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 106 Applied For 4. FEI Number 65-0738336 Not Applicable 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 _CALDWELL, SUSAN -Street Address (P.O. Box Number is Not Acceptable) 110 E. REYNOLDS ST 600-S PLANT CITY FL 33566 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 (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE CALDWell l 5. W. Renfro St Suite 106 CALDWELL, R J NAME NAME STREET ADDRESS 110 E. REYNOLDS -#600S_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT_CITY-FL-33566 Addition ☐ Delete TITLE TITLE CALDWELL, SUSAN NAME Suite 106 110-E: REYNOLDS -#6008-STREET ADDRESS STREET ADDRESS F1 335 CITY-ST-ZIP CITY-ST-ZIP PLANT_CITY_FL_33566 ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition