FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 10, 2000 8:00 am Secretary of State DOCUMENT # **P97000029123** 05-10-2000 90133 003 ***150.00 LEWIS V. CRAIG, ACCOUNTANT, P.A. Principal Place of Business Mailing Address 4971 MOBILE HIUGHWAY 4971 MOBILE HIUGHWAY 00047450 PENSACOLA FL 32506 PENSACOLA FL 32506 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2949511 Not Applicable Country 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 CRAIG, LEWIS V Street Address (P.O. Box Number is Not Acceptable) 1119 WEBSTER DRIVE PENSACOLA FL 32505 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) PD Change ☐ Addition TITLE ☐ Delete CRAIG, LEWIS V NAME NAME STREET ADDRESS STREET ADDRESS 1119 WEBSTER DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 Delete ☐ Change Addition TITLE 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.

CITY-ST-7IE

STREET ADDRESS

TITLE

NAME

Addition

☐ Change

SIGNATURE: CALLE VI COM CENTSOV CRAIG 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR

Oato

Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP