2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030154 May 11, 2000 8:00 am Secretary of State RODERICK LANGEVIN, INC. 04-04-2000 90103 045 ***150.00 Principal Place of Business Mailing Address PO BOX 57 PO BOX 57 LAKE GENEVA FL 32160 LAKE GENEVA FL 32160-0057 2. Principal Place of Business 3. Mailing Address LAKE GENEUA 7942 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE O BOX City & State City & State 4. FEI Number Applied For 59-3430893 GENEVA Ke Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32160 CIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGEVIN, RODERICK Street Address (P.O. Box Number is Not Acceptable) PO BOX 7942 GENEVA LANE LAKE GENEVA FL 32160 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS ROJEVICK LANGEVIN Change Addition 7942 LAKE GENEVA LANE TITLE Delete TITLE RODERICK, LANDGEVIN NAME NAME STREET ADDRESS PO BOX 57 STREET ADDRESS GENEVA, Fl. 32160 CITY-ST-73P CITY-ST-ZIP LAKE GENEVA FL 32609 ST TITLE TITLE Delete NAME DUGAN, LEE A NAME STREET ADDRESS STREET ADDRESS 7011 NE 34TH ST CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL 32609** _ Addition TITLE Delete _ 🔲 Change PALMER, VICTOR D NAME NAME STREET ADDRESS STREET ADDRESS 7011 NE 34TH ST. CITY-ST-ZIP CITY - ST- ZIP GAINSVILLE FL 32609 Delete Ime ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition 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.

SIGNING OFFICER OF DIRECTOR Date Date Date Date