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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am DOCUMENT # **P97000034425 Secretary of State** WOOD & MOHR, INC. 02-26-2001 90500 038 ***150.00 Principal Place of Business Mailing Address of mar.1,2001 1731 LIGHTHOUSE POINTE DR 1731 LIGHTHOUSE POINTE DR GULF BREEZE FL 32561 **GULF BREEZE FL 32561** 3. Mailing Address 909 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3440245 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent CREW & CREW, P.A. Street Address (P.O. Box Number, is Not Acceptable) 25 BEAL PARKWAY NE **SUITE 210** FORT WALTON BEACH FL 32548 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. 12. WHO, Sharon X. TITLE ☐ Delete WOOD, SHARON L NAME a Richelieu Ct. STREET ADDRESS 1731 LIGHTHOUSE POINTE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Delete TITLE TITI F MOHR, JOHN W NAME NAME STREET ADDRESS **683 REYNARD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45231 Moti, Robert S. Achange - Addition 715 Castlegate SN. \$202 Cincinnate, Okio 45231 TITLE `□'Delete~ → TITLE MOHR, ROBERT L NAME NAME STREET ADDRESS 5903 OAKWOOD #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CINCINNATI OH 45224** Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

ARON L. WOOD