2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P97000034790** Mar 03, 2000 8:00 am **Secretary of State** FIRST BERMUDA CORPORATION, INC. 03-03-2000 90202 006 ***150.00 Principal Place of Business Mailing Address 449 10TH AVENUE WEST P.O. BOX 277 PALMETTO FL 34220-0277 PALMETTO FL 34221 00030595 2. Principal Place of Business 3. Mailing Address 6721 Virginia Crossing Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 34201 University Park, FL City & State City & State Applied For 4. FEI Number 65-0762171 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVENUE WEST BRADENTON FL 34205 City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change Addition □ Delete APPEL, STEVEN M NAME 6721 VIRGINIA CROSSING STREET ADDRESS STREET ADDRESS UNIVERSITY PARK FL 34201 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change APPEL, CHRISTINE NAME NAME 6721 VIRGINIA CROSSING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UNIVERSITY PARK FL 34201** DS TITLE XX Change Addition TITLE ☐ Delete APPEL, BARBARA B NAME NAME 1800 Ben Franklin Drive #808B 8222 REGENT COURT STREET ADDRESS STREET ADDRESS Sarasota, Florida 34236 **UNIVERSITY PARK FL 34201** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the e 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 of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with all address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director requiled by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Daytime Phone #