2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000042628 Mar 14, 2000 8:00 am Secretary of State DALE MABRY AT PLATT, INC. 03-14-2000 90084 015 ***150.00 Mailing Address Principal Place of Business 2325 ULMERTON ROAD 2325 ULMERTON ROAD SUITE 20 SUITE 20 CLEARWATER FL 33762-3373 CLEARWATER FL 34622 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3497881 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHULTZ THOMAS Street Address (P.O. Box Number is Not Acceptable) MORRIS, GREGORY D 2325 ULMERTON ROAD SUITE 20 SHITE 20 **CLEARWATER FL 34622** Zip Code **33767** CLEARWATER 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE D ☐ Delete THOMAS SCHULTZ BULLARD, FRED B JR NAME 2325 WIMERTON RD STE 20 STREET ADDRESS STREET ADDRESS 2325 ULMERTON ROAD SUITE 20 CITY-ST-ZIP CITY-ST-7IP CLEARWATER, FLA 33762 **CLEARWATER FL 34622** ☐ Addition Change ☐ Delete TITLE BULLARD, KAROL K NAME 2325 ULMERTON ROAD SUITE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** ☐ Addition ☐ Change Delete TITLE MORRIS, GREGORY D NAME NAME STREET ADDRESS STREET ADDRESS 2325 ULMERTON ROAD SUITE 20 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34622 Change Addition ☐ Defete TITLE 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-7IP ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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. SIGNATURE:

CER OR DIRECTOR