2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000050870** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name FINMARK, INC. 04-10-2000 90158 034 ***150.00 Mailing Address Principal Place of Business POST OFFICE BOX 271472 POST OFFICE BOX 271472 TAMPA FL 33688-1472 TAMPA FI 33688-1472 3. Mailing Address 2. Principal Place of Business VALOR 3110 CHERRY 3110 CHERMY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3 ブブ 3 T (Applied For City & State City & State 4. FEI Number 59-3450649 CL AMPA Not Applicable TAMA Country Zip \$8.75 Additional 5. Certificate of Status Desired 33679 3367 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TYRRELL, SPENCER Street Address (P.O. Box Number is Not Acceptable) 3012 SABAL ROAD RIDRY CIRCLE **TAMPA FL 33618** nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above na SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE TYRRELL, SPENCER NAME NAME 4011 Priory Circle Tampa, FL 33624 STREET ADDRESS 3012 SABAL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Addition ☐ Change TITLE Delete BYRCH, ROBERT NAME NAME 28602 HANGING MOSS LOOP STREET ADDRESS STREET ADDRESS WESLEY_CHAPEL_FL 33543 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 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 of 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 of 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.

URF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR