2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P97000051515 CDS COMMUNICATIONS, INC. 05-03-2000 90085 045 ***150.00 Principal Place of Business Mailing Address 6526 COUNTRY CLUB RD 6526 COUNTRY CLUB RD WESLEY CHAPEL FL 33544-3732 WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3451837 Not Applicable Country \$8.75 Additional Zip Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STONE, CARL S Street Address (P.O. Box Number is Not Acceptable) 6526 COUNTRY CLUB RD WESLEY CHAPEL FL 33544 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change ☐ Delete TITLE TITLE STONE, DEBORAH R NAME STREET ADDRESS STREET ADDRESS 6526 COUNTRY CLUB RD CITY-ST-ZIP CITY-ST-7IP WESLEY CHAPEL FL 33544 ☐ Addition Delete Change TITLE STONE, CARL S NAME STREET ADDRESS STREET ADDRESS 6526 COUNTRY CLUB RD CITY-ST-ZIP CITY-ST-ZIP **WESLEY CHAPEL FL 33544** ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

WTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/0

(813) 991-009