2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

address with all other like empowered.

FILED DOCUMENT # P97000071642 Feb 28, 2000 8:00 am **Secretary of State** FASTIME, INC. 02-28-2000 90025 007 ***150.00 Principal Place of Business Mailing Address EAST STATE ROAD 44 POST OFFICE BOX 828 """ 44 & HIGHWAY I-75) WILDWOOD FL 34785-0828 ___ FL 34785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3463130 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEHEW, JACK -Street Address (P.O. Box Number is Not Acceptable) 5422 THERESA RD. **TAMPA FL 33615** 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 e, 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. Addition **PSTD** Change ☐ Delete TITLE TITLE NAME RAOOF, NAEEM STREET ADDRESS STREET ADDRESS 391 EAST STATE ROAD 44 CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DITT: ST ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME SIRCE ADDRESS STREET ADDRESS CITY-ST-ZIP T 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 eath; 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

President 2 / 15 / 2 000