2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000075725** Mar 29, 2000 8:00 am **Secretary of State** LUCY MULARZ, P.A. 03-29-2000 90003 045 ***158.75 Mailing Address Principal Place of Business 1225 SECOND ST 1201-WHITE STREET. STE 101 KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0776117 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULARZ, LUCY Street Address (P.O. Box Number is Not Acceptable) 1225 SECOND ST KEY WEST FL 33040 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 (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 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 OFFICERS AND DIRECTORS 12. 11. Change Addition PTD ☐ Delete TITLE TITLE MULARZ, LUCY P.A. NAME NAME 1225 SECOND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITLE iressurer NAME NAME Lucy Mularz, CA. STREET ADDRESS STREET ADDRESS 1225 Second Street CITY-ST-ZIP CITY-ST-7/P Key West, FL 33040 ☐ Change Addition Delete TITLE NAME NAME Lucy Mularz, P.D. STREET ADDRESS STREET ADDRESS 1225 Second Street CITY-ST-ZIP CITY-ST-ZIP Key West, FL 33040 Change 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 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME

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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucy Mularz 1225 Second Stree Key West. FL 33040