2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P97000082264** May 09, 2000 8:00 am Secretary of State PRINCE-BUSH-SMITH INVESTMENTS, INC. 05-09-2000 90102 048 ***150.00 Principal Place of Business Mailing Address 227 W. NEW ENGLAND AVE. 227 W. NEW ENGLAND AVE. WINTER PARK FL 32789 WINTER PARK FL 32789-4260 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2345153 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACKINNON, ALEXANDER C Street Address (P.O. Box Number is Not Acceptable) 255 S ORANGE AVE **STE 850** WINTER PARK FL 32801 Zip Code 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 Signature, 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 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Addition ☐ Delete TITLE TITLE PRINCE, THOMAS P NAME NAME 227 W. NEW ENGLAND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE BUSH, ROBERT C NAME NAME 2552 HABERSHAM RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CITY-ST-ZIP Change Addition TITLE Delete TITLE SMITH, MARK V NAME NAME STREET ADDRESS 621 STEPHENSON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAVANNAH GA 31405 Addition ☐ Change ☐ Delete TITLE OLSON, PATRICK F. NAME NAME 227 W. NEW ENGLAND ANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 empowere

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