## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

adgress, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P97000084397** CONSUELO KREIDER, P.A. 04-12-2001 90167 031 \*\*\*150.00 Principal Place of Business Mailing Address 5211 SW 91ST TERR 5211 SW 91ST TERR SILITE B SIUITE B GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address 4040 W. NEWBERRY RD 828 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 900 City & State City & State Applied For 4. FEI Number 59-3470126 GAINESVILLE GAINESVILLE Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KREIDER, CONSUELO (P.O. Box Number is Not Accept W. NEWBERL 5211 SW 91ST TERR SUITE B **GAINESVILLE FL 32608** Zip Code 32607 City GAINESVILLE formits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name ONSUELO KREYDER PRESIDENT 4/2/0 SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. ☐ Change Addition TITLE Delete TITLE KREIDER, DAVID NAME NAME STREET ADDRESS 828 SW 80TH TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KREIDER, CONSUELO NAME NAME STREET ADDRESS STREET ADDRESS 828 SW 80TH TERR CITY-ST-ZIP CITY-ST-ZIE GAINESVILLE FL 32607 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition 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

CONSUEW KREIDER