2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED DOCUMENT # **P97000095593** Apr 19, 2000 8:00 am Secretary of State KRAUSS & COMPANY, INC. 04-19-2000 90064 018 ***150.00 Principal Place of Business Mailing Address C/O 565 S DUNCAN AVE 100 WAVERLY WAY -CLEARWATER FL 33756 #20+ **CLEARWATER FL-33755** 2. Principal Place of Business 3. Mailing Address 565 South Duncan Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3477114 Clearwater, FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.S Fee Required 33756 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name GRIFFIN, DAVID W Street Address (P.O. Box Number is Not Acceptable) 565 SO DUNCAN AVE **CLEARWATER FL 33756** Zip Code FL 8. The above harned entity submits this statement for the purpose of Glanging its registered office or registered agent, or both, in the State of Florida. 4/13/00 SIGNATURE t signature required when reinstating) President/Registered Agent David W. Griffin, Personal 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD Change ☐ Addition TITLE 🔀 Delete Griffin, David KRAUSS, HEINRICH NAME NAME 100 WAVERLY WAY #204 565 South Duncan Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** Clearwater, FL ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · -- [Change Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ICER OR DIRECTOR