CR2E034 (10/00

FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000099836** 1. Entity Name 05-30-2001 90025 033 \*\*\*150.00 UNITED INVESTORS PEMBROKE, INC. Principal Place of Business Mailing Address 60-220 N UNIVERSITY DR 5847 SAN FELIPE VARALTOTA PEMBROKE PINES FL 33024 SUITE 850 HOUSTON TX 77057-3091 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3480872 Not Applicable Zip Country Zíp Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Johnson, Dennis P Street Address (P.O. Box Number is Not Acceptable) 100 E. MAIN STREET LAKELAND FL 33801 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE 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, 20 11 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 Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition HAMNER, STEVEN NAME NAME STREET ADDRESS 5847 SAN FELIPE STE 850 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77057** CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition KEITH, RANDALL D NAME NAME STREET ADDRESS 5847 SAN FELIPE STE 850 STREET ADDRESS CITY-ST-ZIF **HOUSTON TX 74057** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify in 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE! OR DIRECTOR

Date

Daytime Phone #