2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000100695 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name GARY W. BRANNON, CPA, P.A. 09-11-2000 90002 025 ***150.00 Principal Place of Business Mailing Address 226 TAMPA AVENUE WEST 226 TAMPA AVENUE WEST VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address 810A Pinebrook 810A Pinebrock Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0795343 Not Applicable Venice lenice Country Country \$8.75 Additional Zip 5. Certificate of Status Desired USA 34292 USA 34292 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brannon, Gary W Street Address (P.O. Box Number is Not Acceptable) 226 TAMPA AVENUE WEST VENICE FL 34285 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change Addition TITI F TITLE Delete **BRANNON, GARY** NAME NAME STREET ADDRESS 250 WOODINGHAM TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

fffachment 0# pgn000100695 00084576

September 5, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Upon calling your information telephone number I was instructed to write a letter explaining the circumstances for which I am requesting waiver of the \$400 penalty for late filing of 2000 Uniform Business Report (UBR). As you will note from the corrections to my UBR, my address has changed. The "Second Notice" UBR was mailed to my correct, current address. I do not recall receiving the first UBR and think it may have been mailed to my old address but cannot say for certain. I know the importance of timely filing the UBR to avoid this penalty and normally file the report as soon as I receive it.

For this reason, I would request waiver of the \$400 penalty. If the decision is that I must pay the additional \$400 penalty, please notify me as soon as possible so I may resolve this matter.

Thank you for your consideration.

Sincerely,

Gary Brannon CPA