2002 Uniform Business Report (UBR)

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

SIGNATURE:

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P97000105034 1. Entity Name 03-27-2002 90087 025 ***150.00 EXUM & SABINSKE, INC. Principal Place of Business Mailing Address 13001 SPRING HILL DRIVE 6191 FABER DRIVE SPRING HILL FL 34609 **BROOKSVILLE FL 34602** 2. Principal Place of Business 3. Mailing Address FABER DRIVE 1300 I SPRING HILL DRIVE 6191 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SPRING HILL 4. FEI Number Applied For BROOKSVILLE 59-3483081 Not Applicable \$8.75 Additional 34609 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EXUM, PEGGY Street Address (P.O. Box Number is Not Acceptable) 6191 FABER DRIVE **BROOKSVILLE FL 34602** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P/VP TITLE Delete TITLE Change ☐ Addition NAME : **PEGGY EXUM** PEGGY EXUM NAME STREET ADDRESS 6191 FABER DR STREET ADDRESS 6191 FABER DRIVE CITY-ST-ZIP **BROOKSVILLE FL 34602** BROOKSVILLE, FL 34602 SECRETARY /T S/ CITY-ST-ZIP TITLE ? ☐ Delete TITLE NAME JOYCE SABINSKE NAME JUYCE SABINSKE STREET ADDRESS STREET ADDRESS 6191 FABER DRIIVE 6191 FABER DR CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34602** BROOKSVILLE, FL. ≃- □ Delete -TITLE --· · · · · Change 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

Exum 3/12/01 352-666-0559

FILED