## **2000 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

## **FILED** DOCUMENT # P97000106475 Feb 17, 2000 8:00 am **Secretary of State** SKELTON, VON GOEBEN, BRYANT, PERKINS & BRYANT, P 02-17-2000 90130 042 \*\*\*150.00 Principal Place of Business Mailing Address 1320 THOMASWOOD DR. 1320 THOMASWOOD DR. TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-2914 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 59-3483197 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYANT, G. DON N Street Address (P.O. Box Number is Not Acceptable) 1320 THOMASWOOD DR. TALLAHASSEE FL 32312 Zip Code City 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete ☐ Change TITLE NAME BRYANT, G DON N STREET ADDRESS STREET ADDRESS 1320 THOMASWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete TITI F Change ☐ Addition TITLE NAME BRYANT, WILLIAM W M NAME STREET ADDRESS STREET ADDRESS 1320 THOMASWOOD DRIVE CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR