## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE

SECTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Sep 07, 2000 8:00 am Secretary of State DOCUMENT # P9800002894 1. Entity Name 1038 NOVEMBER, INC. 09-07-2000 90037 018 \*\*\*550.00 Principal Place of Business Mailing Address 165 MORNINGSIDE DRIVE 165 MORNINGSIDE DRIVE LAKELAND FL 33803 LAKELAND FL 33803 B0105233 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3489308 Not Applicable \_\_\_Zip Country Zio 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 RICHARDS, H M Street Address (P.O. Box Number is Not Acceptable) 165 MORNINGSIDE DRIVE LAKELAND FL 33803 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE RICHARDS, HARLEY M NAME NAME 165 MORNINGNSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33802 CITY-ST-ZIP STD. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICHARDS, H M NAME NAME **165 MORNINGSIDE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33803 TITI F ☐ Delete TITLE DAVID MISCH MISCA, DAVID NAME NAME 5075 Boy Scout Ranch Road 6012 CRICKET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bartow FL. 33830 LAKELAND FL 33813 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete And the same NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 is 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.