2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000006702** Jan 27, 2000 8:00 am **Secretary of State** PRESLEY AND ASSOCIATES, INC. 01-27-2000 90039 010 ***150.00 Principal Place of Business Mailing Address 516 SOUTH PLUMOSA STREET #19 516 SOUTH PLUMOSA STREET #19 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-3106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State_____ Applied:For ---City & State 4. FEI Number -59-3486940 Not Applicable Zip Country 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 PRESLEY, RONALD WAYNE Street Address (P.O. Box Number is Not Acceptable) 516 SOUTH PLUMOSA STREET #19 **MERRITT ISLAND FL 32952** 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) 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, 2000 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 Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITI E TITLE ☐ Delete PRESLEY, RONALD W NAME NAME 516 S. PLUMOSA ST., #19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete PRESLEY, KAREN S NAME NAME 576 S. PLUMOSA ST., #19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE WOODY, KAROL S NAME NAME 250 S. SYKES CREEK PKWY., #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR DATE OF SIGNING FFICER OR DIRECTOR