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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P98000008262 **Secretary of State** BARBARA M. DUMDIE & ASSOCIATES, INC. 03-09-2001 90489 025 ***158.75 Principal Place of Business Mailing Address 2800 PLACIDA ROAD STE. 102 2800 PLACIDA ROAD STE. 102 ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 A0030776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0815291 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 DUMDIE, BARBARA M Street Address (P.O. Box Number is Not Acceptable) 2800 PLACIDA ROAD STE. 102 **ENGLEWOOD FL 34224** City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. SDVT ☐ Change Addition TITLE ☐ Delete TITLE DUMDIE, BARBARA M NAME NAME 2800 PLACIDA ROAD STE. 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** ☐ Addition ☐ Change TITLE Delete TITLE DUMDIE, BARBARA M NAME NAME 2800 PLACIDA ROAD STE. 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 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 aupplymental 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 effect 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 attachme