2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P98000012847** CYTEK CONSULTANTS, INC. 04-22-2000 90016 017 ***150.00 Principal Place of Business Mailing Address 1105 RECK AVE 1105 BECK AVE PANAMA CITY FL 32401-1456 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business 323 N PALO ALTO PALO ALTO 323 N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 59-3495609 PANAMA ANAMA CITY Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARPENTER PATRICIA 1604 FAIRLAND AVE PANAMA CIPY FL 32405 City PANAMA CITY nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named. CHARLES CARPENTER SIGNATURE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CHARLES T. CARPENTER Addition Delete TITLE ☐ Change D TITLE 323 N PALO ALTO CARPENTER, PATRICIA J NAME NAME STREET ADDRESS STREET ADDRESS 1604 FAIRLAND AVE PANAMA CITY, FL 3240/ CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Change ☐ Addition TITLE TITLE DAVIS, CHRISTINE R NAME NAME STREET ADDRESS STREET ADDRESS 117 BONAIRE DR CITY-ST-7IP CiTY-ST-7IP PANAMA CITY BEACH FL 32413 Addition - - Changer Deléte* TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital 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 justed employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inform indicated on this report or su of the corporation or the rece