2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P98000023197 May 05, 2000 8:00 am Secretary of State PHOENIX PRESS INC. 05-05-2000 90068 013 ***150.00 Mailing Address Principal Place of Business 11796 SAREE COURT 11796 SAREE COURT SEMINOLE FL 33778-3804 SEMINOLE FL 33778 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3497020 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent DUNNE, JOHN F Street Address (P.O. Box Number is Not Acceptable) 11796 SAREE CT. SEMINOLE FL 33778 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition □ Delete TITLE TITI F DUNNE, JOHN F NAME STREET ADDRESS STREET ADDRESS 11796 SAREE COURT CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33778 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME **DUNE, CATHERINE S** NAME STREET ADDRESS 11796 SAREE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEMINOLE FL 33778** Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employee do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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