2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P98000024355** ED TOWEY & ASSOCIATES, INC. 01-29-2000 90142 050 ***150.00 Principal Place of Business Mailing Address 307 WEST PARK AVENUE POST OFFICE BOX 38144 TALLAHASSEE FL 32301 TALLAHASSEE FL 32315-8144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3507514 Country Zip Country Zip \$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 STERNS, RANDY K Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change **PVTS** ☐ Delete TITLE TITLE TOWRY, ED NAME NAME STREET ADDRESS 2014 DYREHAVEN DRIVE STREET ADDRESS TAIIAHASSEL, FL. 32315 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change □ TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 supplement 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 bustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an adviress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR