2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 09, 2000 8:00 am DOCUMENT # P98000026653 1. Entity Name Secretary of State FAF GROUP III. INC. 05-09-2000 90008 014 ***150.00 Principal Place of Business Mailing Address 13575 58TH STREET NORTH 13575 58TH STREET NORTH SUITE 144/THE SUMMIT BLDG. SUITE 144/THE SUMMIT BLDG. CLEARWATER FL 33760 CLEARWATER FL 33760-3740 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0824187 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jeffries, David M 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITI F TITLE BERARDI, MICHAEL MAMÉ STREET ADDRESS STREET ADDRESS 13575 58TH ST N #144 CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33760** TITLE Change noitibba 🔲 ☐ Delete TITLE LUBECK, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 13575 58TH ST N #144 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** Addition ☐ Delete TITLE LUBECK, PAMELA NAME NAME STREET ADDRESS 13575 58TH ST NORTH #144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition ☐ Change ☐ Delete TITI F TITLE BERARDI, MICHAEL JR NAME NAME STREET ADDRESS 13575 58TH ST NORTH #144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition ☐ Change ☐ Delete TITLE TITLE LUBECK, JOSEPH G NAME NAME STREET ADDRESS STREET ADDRESS 13575 58TH ST NORTH #144 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** TITLE ☐ 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 of 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 attackment with an address, with all other like empowered.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date