FILED

Date

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 31, 2001 8:00 am Secretary of State DOCUMENT # P98000027592 07-31-2001 90009 011 ***150 00 PAR CIRCLE SOUTH, INC. Principal Place of Business Mailing Address 23-NW-99-COURT 29 NW 33 COURT DUU61040 . GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business BOX 90096 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3499931 Not Applicable Zip Country \$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 ACHEY, RAY Street Address (P.O. Box Number is Not Acceptable) 23 NW 33 COURT GAINESVILLE FL 32607 City 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) DATE 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, 2001 Foo will be \$550.00 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 11. 12. ☐ Addition TITLE ☐ Delete ACHEY, RAY NAME NAME 10B0x 9009b STREET ADDRESS 23-NW-99-COURT-STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32607** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete, ☐ Chánge Addition-TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP 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 or 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 attachment with an address, with all other like empowered.

Affachment D# pasolowarsas Boolelo40

-D.M. Smith & Company-

July 25, 2001

Certified Public Accountants 2531-A NW 41st Street Gainesville, FL 32606 352-377-5566

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee Fl 32302-1500

RE: Par Circle South Inc. Late filing penalty

Dear Sirs:

Pursuant to the enclosed report, we are writing to request waiver of the penalty for late filing for reasonable cause.

The taxpayer changed addresses during the year and did not get the first notice.

This corporation holds title to a piece of property but has very little activity otherwise.

Please accept the enclosed check for the original filing fee and waive the penalty.

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