## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P98000029079 1. Entity Name HEFNER & ASSOCIATES, INC. 05-19-2002 90166 034 \*\*\*158.75 Principal Place of Business Mailing Address 2600 WILLIAMS ROAD 2600 WILLIAMS ROAD 303307 BRANDON FL 33510 **BRANDON FL 33510** 2. Principal Place of Business 3. Mailing Address 1502 N. Taylor Rd 1502 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State itv & State 4. FEI Number Applied For BRANCON 59-3504871 MANdon Not Applicable Country \$8.75 Additional 33510 5. Certificate of Status Desired 15 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIC HEFNER, DANIEL L P.O. Box Number is Not Acceptable) 2600 WILLIAMS ROAD **BRANDON FL 33510** City 4 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition HEFNER, DANIEL L NAME NAME STREET ADDRESS 2600 WILLIAMS ROAD STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33510** BRANdon 7 CITY-ST-ZIP 33510 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP D. Delete . TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SONING OFFICER OR DIRECTO

4-5-02 813-244-9843