2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am DOCUMENT # P98000033838 Secretary of State 1. Entity Name MANASOTA MANAGEMENT, INC. 01-24-2000 90069 038 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1891 P.O. BOX 1891 ENGLEWOOD FL 34295-1891 ENGLEWOOD FL 34295 904613 2. Principal Place of Business 3. Mailing Address MANASOTA 6540 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0827194 Not Applicable Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required ACASOTO 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KICHALD VIRGIN, RICHARD W JR. Street Address (P.O. Box Number is Not Acceptable) 2380 NORTH BEACH RD <u>6510</u> MANASOTA #208 ENGLEWOOD FL 34223 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete VIRGIN, RICHARD W JR NAME NAME 6510 MANAGOTA KEY Rd. STREET ADDRESS 2380 NORTH BEACH RD, #208 STREET ADDRESS Englemong El 34223 CITY-ST-ZIP CiTY-ST-7iP ENGLEWOOD FL 34223 Change ■ Addition D ☐ Delete TITLE TITLE With Havey L. Key VIRGIN, NANCY L NAME NAME 2380 NORTH BEACH RD, #208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Addition ☐ Delete 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-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 00 - - 941-473-7545

Daytime Phone #