2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P98000038663** 1. Entity Name LAW OFFICES OF ROD BROOKER, P.A. 01-20-2000 90117 027 ***150.00 Principal Place of Business Mailing Address 3800 W BAY TO BAY BLVD. STE 23 3800 W BAY TO BAY BLVD. STE 23 TAMPA FL 33629-6844 TAMPA FL 33629 Principal Place of Business 3. Mailing Address W. Bay To Bay Blud. 2909 W. Bay To Bay 2909 Suite-Apt-#-etc. Suite: Apt.: #.. etc. Ste. 307 Me. 307 City & State City & State 4. FEI Number Applied For 59-3505953 Tampa Not Applicable Zip 29 Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROOKER, RODRIC T (P.O. Box Number is Not Acceptable 3800 W BAY TO BAY BLVD, STE 23 **TAMPA FL 33629** 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 ed 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. \$5:00-May Be 19.-Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Π¹ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. □ Addition PTDC TITI F ☐ Delete TITLE BROOKER, RODRIC T NAME NAME To Bay Alld. 3800 W BAY TO BAY BLVD, STE 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate _____

Daytime Phone #