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**2000 UNIFORM BUSINESS REPORT (UBR)** 

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000043634 1. Entity Name KOSHARE MUDHEAD INC. 01-26-2000 90028 003 \*\*\*150.00 Principal Place of Business Mailing Address 8487 4TH STREET NORTH 8487 4TH STREET NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702-3609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3515849 Not Applica Zip Country 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 Name MILLER, JAY Street Address (P.O. Box Number is Not Acceptable) 8487 4TH STREET NORTH ST. PETERSBURG FL 33702 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change TITLE ☐ Addition ☐ Delete MILLER, JAY NAME NAME STREET ADDRESS 6527 BAYOU GRANDE BOULEVARD NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 TITLE ☐ Delete ☐ Change Addition TITLE NAME MILLER, JAMIELOVE NAME STREET ADDRESS 6527 BAYOU GRANDE BOULEVARD NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

CITY-ST-ZIP 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 eath; 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

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE

NAME STREET ADDRESS

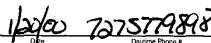
TITLE

CITY-ST-ZIP

STREET ADDRESS



☐ Delete



☐ Change

☐ Addition