2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOMENT # P98000043684** Jun 08, 2000 8:00 am Secretary of State Entity Name 通過更用語名に & COMPANY, INC. appel Flace of Business Mailing Address PRITCHARD ISLAND ROAD 886 PRITCHARD ISLAND ROAD ___ FL 34450 INVERNESS FL 34450-3573 muipai Flace of Business 3. Mailing Address suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For w & State 4. FEI Number 59-3528905 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -WILLIAMS, WILLIAM C Street Addres O. Box Number is Not Acceptable) 886-PRITCHARD-ISLAND-ROAD INVERNESS FL 34450 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) FILE NOW!!! FEE IS \$150.00 , corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing in filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -ee criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 Addition ☐ Delete ☐ Change MIGDAD, QASIM NAME CR2E034 886 PRITCHARD ISLAND ROAD STREET ADDRESS **INVERNESS FL 34450** CITY-ST-ZIP 7.0 ☐ Delete ☐ Change Addition RIFAIE, ZUHAIR 15016 ALEXIS DRIVE STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete NAME STREET ADDRESS ********* CITY-ST-ZIP ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS ANNOCCC CITY-ST-ZIP ZIP ☐ Change ☐ Addition Delete NAME STREET ADDRESS CITY-ST-ZIP 20 ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 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 or on an attachment with an address, with all other like empowered.