2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000045029** Mar 04, 2000 8:00 am 1. Entity Name Secretary of State TERRY E. BROUSSARD, CO. 03-04-2000 90062 030 ***150.00 Principal Place of Business Mailing Address 4254 SUMMER TRACE 4254 SUMMER TRACE FERNDANDINA BEACH FL 32034 FERNDANDINA BEACH FL 32034-7072 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3530148 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROUSSARD, TERRY E Street Address (P.O. Box Number is Not Acceptable) 4254 SUMMER TRACE FERNDANDINA BEACH FL 32034 Zip Code 32034 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE ☐ Addition Terry E. Broussard 313 Otter Run Dr BROUSSARD, TERRY E NAME NAME STREET ADDRESS 4254 SUMMER TRACE STREET ADDRESS Fernandina Bch. FL 32034 CITY-ST-ZIP CITY-ST-ZIP FERNDANDINA BEACH FL 32034 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F TITLE NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.28.00

904201-4698

Day