2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF RINTED NAME OF SIGNID

May 10, 2000 8:00 am Secretary of State DOCUMENT # **P98000057636** HENSLEY & BREWSTER, INC. 05-10-2000 90145 020 ***150.00 Mailing Address Principal Place of Business 7015 N ARMENIA AVENUE 7015 N ARMENIA AVENUE TAMPA FL 33604-5252 TAMPA FL 33604 655459 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3519458 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENSLEY, PATTY Street Address (P.O. Box Number is Not Acceptable) 7015 N ARMENIA AVENUE TAMPA FL 33604 Zip Code City 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 DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE HENSLEY, PATTY NAME NAME STREET ADDRESS 9627 HIDDEN OAK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** ☐ Change Addition VPD ☐ Delete TITLE BREWSTER, DAVID NAME NAME STREET ADDRESS 4102 MCTAVISH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TAMPA FL 33624 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OFFICER OR DIRECTOR