2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P98000059149 OFFICE & TRANSCRIPTION SERVICES, INC. 01-26-2000 90131 040 ***150.00 Mailing Address Principal Place of Business 4517 40TH AVENUE NORTH 4517 40TH AVENUE NORTH ST PETERSBURG FL 33714-3409 ST PETERSBURG FL 33714 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3524394 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. .7. Name and Address of New Registered Agent PLANAMENTA, JANICE Street Address (P.O. Box Number is Not Acceptable) 4517 40TH AVENUE NORTH ST PETERSBURG FL 33714 Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** ☐ Change Addition ☐ Delete TITLE TITLE PLANAMENTA, JANICE NAME NAME STREET ADDRESS STREET ADDRESS 4517 40TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33714 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗝 🖪 - Change — — 🔲 Addition. ∽ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ЭЛП Delete 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 eath; that I am an officer or director 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