2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000059494 May 16, 2000 8:00 am Secretary of State DISPUTE RESOLUTION AND MANAGEMENT. INC. 05-16-2000 90022 007 ***150.00 Mailing Address Principal Place of Business 1471 S MISSOURI AVE PO BOX 1361 LARGO FL 33779-1361 CLEAR WATER FL 33756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3519588 Not Applicable Country \$8.75 Additional Zip Country -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Moody. Daniel MOODY, DANIEL L Street Address 40. Box Number is Not Acceptable) 1261 10TH COURT S.W. LARGO FL 33770 Zip Code 33770-4400 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 (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SPD SPD Change ☐ Addition TITLE TITLE ☐ Delete Moody, Daniel L. MOODY, DANIEL L NAME NAME STREET ADDRESS 1519 DALE MABRY HIGHWAY SUITE 104 STREET ADDRESS 1471 5 missouri Avenue Largo, FL 33756 CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete THTLE TITLE 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 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. It hereby certify that the information supplied with this tiling 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 frue 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 eport 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 eme

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR