2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000061434 CLOWNING AROUND WITH CINDER-RELLER AND COMPANY, 04-26-2001 90108 004 ***150.00 Principal Place of Business Mailing Address 7651 OVERLOOK DRIVE 7651 OVERLOOK DRIVE LAKE WORTH FL 33467 10100417/ LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE App ied For City & State City & State 4. FEI Number 65-0888807 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RELLER, LUANNA Street Address (P.O. Box Number is Not Acceptable) 7651 OVERLOOK DRIVE LAKE WORTH FL 33467 City 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 DATE -(t+OTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Viake Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE **PSTD** ☐ Delete TITLE ☐ Change Addition NAME reller, Luanna NAME STREET ADDRESS STREET AUDRESS 7651 OVERLOOK DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Change Addition TITLE ☐ Delete TET: F NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P 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 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