2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000061937 May 11, 2000 8:00 am Secretary of State FEDERAL PROCESSING ASSISTANCE ASSOCIATION, CORP. 05-11-2000 90287 044 ***158.75 Principal Place of Business Mailing Address 12501 SPRING HILL DRIVE 12501 SPRING HILL DRIVE SPRING HILL FL 34609-5069 SPRING HILL FL 34609-5069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. --Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3527060 Not Applicable Zip Country Country \$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 JAMES D.W. GOODIN GOODIN, JAMES D.W. Street Address (P.O. Box Number is Not Acceptable) 9430-U.9. HWY: 19 N., STE. #146 PORT BICHEY Ft 34606 purpose of changing its registered office or registered agent, or both, in the State of Florida. he above named entity submits (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!!-FEE.IS \$150.00 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ake Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSD** ☐ Change ☐ Addition TITLE **PSD** 🖊 Delete GGODIN, JAMES D NAME GOODIN, JAMES D.W. 17926 CALKINS CT STREET ADDRESS STREET ADDRESS 12501 SPRING HILL DR. SPRING HILL, FL. 34609 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34610 Addition VICE PLESTDENT Change ☐ Delete TIT! F Lisa GOODIN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Speina Hill. ☐ Change ☐ Addition TITLE ☐ Detete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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-7IP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME STREET ADDRES STREET ADDRE CITY-ST-ZIP CITY-ST-ZIE es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if plade under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ereby certify that the information supplied with this filloc licated on this report or supplemental report is true and es not d a accurate a the corporation or the receiver or trustee empowered to ex with all other ranged, or on an attachment with an address ke emp D NAME OF SIGNIN OFFICER OR DIRECTOR Daytime Phone