2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P98000064862 CELESTE, EGGLESTON & JONES AGENCY, INC. 04-24-2000 90096 014 ***150.00 Principal Place of Business Mailing Address 401 CORBETT ST. 401 CORBETT ST. SUITE 350 SUITE 350 CLEARWATER FL 33756 CLEARWATER FL 33756-7312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3512764 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 BRADLEY JONES JONES, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 12597 WALSINGHAM RD., SUITE 4 **LARGO FL 33774** 401 CORBETT ST SUITE 350 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE CELESTE, ARIC NAME NAME STREET ADDRESS 401 CORBETT STREET, SUITE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Change Addition ☐ Delete TITLE TITLE EGGLESTON, DAN NAME NAME STREET ADDRESS 401 CORBETT STREET, SUITE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL 33756** ☐ Addition TITLE ☐ Delete TITLE Change JONES, BRADLEY NAME NAME 401 CORBETT STREET, SUITE 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 a other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR