2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000076824** BIGGERS ENTERPRISES OF FLORIDA, INC. 05-01-2001 90081 035 ***150.00 Principal Place of Business Mailing Address 1404 TUSCA TRAIL 1404 TUSCA TRAIL WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address 1944 S. DBT Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3531704 FI ORIALIDO Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired xara Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIGGERS, BRADFORD P Street Address (P.O. Box Number is Not Acceptable) 1404 TUSCA TRAIL WINTER SPRINGS FL 32708 Zip Caae 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 Florica. Signature, typed or printed name of registered agent and title "Lapolicable, (NOTE: Registered Agent signature reculred when reinstating) DATE 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, 2001 Fee will be \$550.00 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 PD R2E034 (10/00) TITLE ☐ Dalete TITLE ☐ Charge □ Addition BIGGERS, BRADFORD P NAME STREET ADDRESS STREET ADDRESS 1404 TUSCA TRAIL CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE ☐ Delete TITLE ☐ Chacne Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI 5 ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z:P TITLE ☐ Delete HITLE ☐ Chaone [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TITLE Delete TITLE (T) Charge Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST Z:P TITLE Delete TITLE [7] Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Forida 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to a south this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 I

IG OFFICER OR DIRECTOR

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