2000 UNIFORM BUSINESS REPORT (UBR)

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with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000080802 Mar 29, 2000 8:00 am **Secretary of State** G.R. ASSOCIATES OF PASCO COUNTY, INC. 03-29-2000 90038 028 ***150.00 Principal Place of Business Mailing Address 13910 FIVAY ROAD, STE, 10 13910 FIVAY ROAD, STE. 10 HUDSON FL 34667 HUDSON FL 34667-7130 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3532820 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAU, JOSE E JR. Street Address (P.O. Box Number is Not Acceptable) 13910 FIVAY ROAD, STE. 10 HUDSON FL 34667 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Change Addition TITLE ☐ Delete TITLE D/P/S NAME GRAU, JOSE E JR. NAME GRAU, JR., JOSE E. STREET ADDRESS STREET ADDRESS 13910 FIVAY ROAD, STE, 10 13910 FIVAY ROAD, SUITE 10 CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP HUDSON FL 34667 Addition D/VP/T (X) Change TITLE ☐ Delete TITLE NAME REDDY, TIYYAGURA NAME REDDY, TIYYAGURA STREET ADDRESS 13910 FIVAY ROAD, STE. 10 STREET ADDRESS 13910 FIVAY ROAD, SUITE 10 CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP **HUDSON FL 34667** TITLE Change ☐ Addition TITLE Delete 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

JOSE E. GRAU, JR.

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Daytime Phone #