## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000087105 Feb 21, 2000 8:00 am **Secretary of State** KEMP & COMPANY, INC. 02-21-2000 90009 022 \*\*\*158.75 Principal Place of Business Mailing Address 33300 SOMERSET DRIVE 33300 SOMERSET DRIVE LEESBURG FL 34788 LEESBURG FL 34788-3662 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3538697 Not Applicable Zip Country Zip 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 Name KEMP, JANICE S Street Address (P.O. Box Number is Not Acceptable) 33300 SOMERSET DRIVE LEESBURG FL 34788 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE KEMP. ROBERT L NAME 33300 SOMERSET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP STD ☐ Change ☐ Addition TITLE Delete TITLE KEMP, JANICE S NAME NAME 33300 SOMERSET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP LEESBURG FL 34788 CITY-ST-ZIP ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED ON THRATTED HAME OF SIGNAMA OFFICER OR DIRECTOR

2/12/00 (352)326-3522