3/1:

FILED
May 10, 2000 8:00 am
Secretary of State
03-15-2000 90029 032 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088544

1. Entity Name

THE LAEB GROUP, INC. CORPORATE CANDIDATES & INVES

### Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite: Apt. #, etc. City & State City & State City & State 4. FELL Zip Country Zip Country 5. Cert 6. Name and Address of Current Registered Agent Name **MCCLOUD, II, WILLIAM Street Address (P.O. Box I) 3500 UNIV BLVD N #2640 JACKSONVILLE FL 32277 City 3. The above named entity submits this statement for the purpose of changing its registered agent agent SIGNATURE Signature, typed or punted name of registered agent and bit of applicable. (NOTE: Pregistered Agent aignature required when renet 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITION ITILE Delete TITLE MAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP TITLE Delete TITLE MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME MAME	icate of Status Desired and Address of New Registered rumber is Not Acceptable) File or both, in the State of Florida. DATE O. Election Campaign Financing	SPACE Appli Not A \$8.75 Addition Fee Required Agent	ilied For Applicable ional
### Principal Place of Business Suite, Apt. #, etc.	DO NOT WRITE IN THIS Jumber 59-3538688 Jumber 59-3538688 Jumber of Status Desired Be and Address of New Registered Jumber is Not Acceptable) F1 Or both, in the State of Florida.	\$8.75 Addition Fee Required Agent Zip Code	ilied For Applicable ional
Delete De	DO NOT WRITE IN THIS Jumber 59-3538688 Jumber 59-3538688 Jumber of Status Desired Be and Address of New Registered Jumber is Not Acceptable) F1 Or both, in the State of Florida.	\$8.75 Addition Fee Required Agent Zip Code	ilied For Applicable ional
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FELL Zip Country 5. Cert 6. Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box I JACKSONVILLE FL 32277 City City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE Signature, typed or puried name of registered agent and bits if spolicipable. NOTE: Registered Agent signature required when reneal 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITUTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DO NOT WRITE IN THIS Jumber 59-3538688 Jumber 59-3538688 Jumber of Status Desired Be and Address of New Registered Jumber is Not Acceptable) F1 Or both, in the State of Florida.	\$8.75 Addition Fee Required Agent Zip Code	ilied For Applicable ional
Suite, Apt. #, etc. City & State City & State Country Zip Country Sign Country Country Sign Country City Country Street Address of Current Registered Agent Name Street Address (P.O. Box) Street Address (P.O. Box) Street Address (P.O. Box) SignATURE Signature, typed or printed name of registered agent and tatle if applicable. (NOTE: Registered Agent signature required when renoted agent and tatle if applicable. Signature, typed or printed name of registered agent and tatle if applicable. Signature is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Titte WILSON, J.B. STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME TITLE TITLE MAME TITLE TITLE TI	DO NOT WRITE IN THIS Jumber 59-3538688 Jumber 59-3538688 Jumber of Status Desired Be and Address of New Registered Jumber is Not Acceptable) F1 Or both, in the State of Florida.	\$8.75 Addition Fee Required Agent Zip Code	ilied For Applicable ional
City & State City & State City & State City & State Country Country Country Country Country Country S. Cert Country Street Address of Current Registered Agent Name Street Address (P.O. Box In Name City City City City City City City To This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) CEO Make Check Payable to Department of State MAKE WILSON, J.B. STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	icate of Status Desired s and Address of New Registered iumber is Not Acceptable) Fil or both, in the State of Florida.	\$8.75 Addition Fee Required Agent Zip Code	Applicable ional
Acksonville FL 32277 City Signature, typed or printed name of registered agent and bille if applicable. Signature is engineered to be satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Signature CEO WILSON, J.B. Signeture Address (P.O. Box I) FILE NOW III FEE Is \$150.00 Make Check Payable to Department of State III. Delete III.E NAME Signeture Address (P.O. Box I) Delete Title NAME NAME	icate of Status Desired and Address of New Registered iumber is Not Acceptable) File or both, in the State of Florida. DATE O. Election Campaign Financing	\$8.75 Addition Fee Required Agent Zip Code	Applicable ional
6. Name and Address of Current Registered Agent 7. Name Name Name Name Street Address (P.O. Box I	e and Address of New Registered fumber is Not Acceptable) F1 or both, in the State of Florida. OAFE O. Election Campaign Financing	\$8.75 Addition Fee Required Agent Zip Code	ional
Street Address (P.O. Box I 3500 UNIV BLVD N #2640 JACKSONVILLE FL 32277 City I. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Signature Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Pegistered Agent signature required when renet: Agent signature required when renet: P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS ITTLE WILSON, J.B. STREET ADDRESS STREY-ST-ZIP JACKSONVILLE FL 32277 STREET ADDRESS STRY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME JELE NOW III FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State TILLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME TITLE NAME	iumber is Not Acceptable) FI or both, in the State of Florida. PATE D. Election Campaign Financing	Zip Code	
Street Address (P.O. Box 3500 UNIV BLVD N #2640 JACKSONVILLE FL 32277 City 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SiGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Pegistered Agent signature required when remets 12.	or both, in the State of Florida. One) OATE O. Election Campaign Financing	\$5.00	
3500 UNIV BLVD N #2640 JACKSONVILLE FL 32277 City Ci	or both, in the State of Florida. One) OATE O. Election Campaign Financing	\$5.00	
City I. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Signature. Typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstate and state of the state of th	or both, in the State of Florida. OATE DATE D. Election Campaign Financing	\$5.00	
SIGNATURE Suprature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renefation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement of State	or both, in the State of Florida. OATE DATE D. Election Campaign Financing	\$5.00	
SIGNATURE Superium typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renative states of the component of the component of the states of the component of the com	or both, in the State of Florida. OATE DATE D. Election Campaign Financing	\$5.00	May Re
SIGNATURE Superium typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renative states of the component of the component of the states of the component of the com	o. Election Campaign Financing		May Re
Signature, typed or printed name of registered agent and bitle if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITITE WILSON, J.B. STREET ADDRESS CITY-ST-ZIP	Election Campaign Financing		May Re
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITITE WILSON, J.B. STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Election Campaign Financing		May Re
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ITTLE MAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277 TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME			May Re
III. OFFICERS AND DIRECTORS IIITLE KAME WILSON, J.B. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277 IITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME			
TITLE INTERED ADDRESS ASSOCIATIVE INTERED ADDRESS ASSOCIATIVE INTERED ADDRESS ACKSONVILLE FL 32277 INTERED ADDRESS CITY-ST-ZIP INTERED ADDRESS CIT	IONS/CHANGES TO OFFICERS AN	ID DIRECTORS	IN 11
WILSON, J.B. 3500 UNIV BLVD N STE2640 JACKSONVILLE FL 32277 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	iona) di Andeo To di Fideno Ai		Addition
CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME			_
Delete			
NAME STREET ADDRESS CITY-ST-ZIP CITUE Delete TITLE NAME NAME			
STREET ADDRESS CITY-SI-ZIP CIT		Change	Addition
CITY-ST-ZIP			
VAME NAME			
		☐ Change	Addition
STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP	~		
TITLE Delete THLE		☐ Change	Addition
NAME		•	_
STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP			
TITLE Delete TITLE		Change	Addition
NAME STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP			
TITLE Delete TITLE		Change	Addition
NAME			
STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP CTTY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11 indicated on this report or supplemental report is true and accurate and that my signature shall have the same left the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Floridationaged, or on an attachment with an address, with all other like empowered.		t I am an officer	or director
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTED.	al effect as if made under oath; tha		