2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000094961** May 04, 2000 8:00 am Secretary of State TURNER, MOORE & PATEL, INC. 05-04-2000 90143 021 ***150.00 Mailing Address Principal Place of Business 2240 BELLEAIR ROAD SUITE 160 2240 BELLEAIR ROAD SUITE 160 CLEARWATER FL 33764-1703 CLEARWATER FL 33764 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 59-3541664 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 PATEL, SANDIP I 2240 BELLEAIR ROAD SUITE 160 **CLEARWATER FL 33764** 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. required when reinstating 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE Delete TITLE JACKSON, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 2240 BELLEAIR ROAD SUITE 160 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MOORE, STEVEN W NAME STREET ADDRESS STREET ADDRESS 2240 BELLEAIR ROAD SUITE 160 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Addition ☐ Change Delete TITLE TITLE NAME O'CONNOR, PATRICK M NAME STREET ADDRESS 2240 BELLEAIR ROAD SUITE 160 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PATEL, SANDIP I NAME STREET ADDRESS STREET ADDRESS 2240 BELLEAIR ROAD SUITE 160 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.