2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P98000096870 Apr 22, 2000 8:00 am Secretary of State FLORIDA LIVING CONSTRUCTION, INC. 04-22-2000 90061 014 ***150.00 Principal Place of Business Mailing Address 4832 SHELLSTREAM BOULEVARD 4832 SHELLSTREAM BOULEVARD NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-4442 2. Principal Place of Business 3. Mailing Address BLVD 3314 HENDERSON BLVD <u>3314 HENDERSON</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. STE 100 STE 100 City & State Applied For City & State 4. FEI Number FL 59-354 TAMPA TAM PA Not Applicable Country Hillsborough Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 33609 33609 Fee Required Hillsb<u>orough</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 12. 11. PSTD Change 1 ☐ Addition ☐ Delete TITLE TITLE KALLER, PATRICIA KALLER, PATRICIA M NAME NAME 4832 SHELLSTREAM BLYD 4832 SHELLSTREAM BOULEVARD STREET ADDRESS STREET ADDRESS PL 34652 RICHEY, PORT CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** TITLE X Delete TITLE ☐ Change ☐ Addition DECILLIS. PETER NAME NAME STREET ADDRESS 4832 SHELLSTREAM BOULEVARD STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP Change Addition TITLE Delete TITLE KALLER, JEFFREY R NAME NAME **4832 SHELLSTREAM BOULEVARD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Change ☐ Addition TITLE Delete TITLE DECILLIS, DEBORAH NAME NAME 4832 SHELLSTREAM BOULEVARD STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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

PATRICIA M