2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000098444 May 23, 2000 8:00 am Secretary of State WILLIAM E. SALMON, P.A. 05-23-2000 90269 004 ***150.00 Principal Place of Business Mailing Address PO BOX 3319 500 CUTTER LANE SARASOTA FL 34230-3319 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Same as at Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0872275 Not Applicable 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 SALMON, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) **500 CUTTER LANE** LONGBOAT KEY FL 34228 Zip Code 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 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 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITI F Change SALMON, WILLIAM E NAME **500 CUTTER LANE** STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ... CITY-ST-ZIP Change Delete TITLE ☐ Addition 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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