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## 2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State DOCUMENT # P98000099044 1. Entity Name 05-12-2001 90051 004 \*\*\*150.00 ANKERBERG ENTERPRISES, INC. Principal Place of Business Mailing Address 5190 44TH ST..SO. 5190 44TH \$T..SO. 110049446 ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3596546 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOWEIL, JAMES N. KWEIL JAMES N. ANKERBERG, CHARLES W-SR. Street Address (P.O. Box Number is Not Acceptable) NATIONS BAUK TOWIS R. ONB PROCLESS PLAZA Nations Bank Tower, ONE PROGRESS PLAZA 4114 NARVAREE WAY:-S ST. PETERSBURG FL 33712 Suite 1210 ST. PETERSBURG, FL 33701 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. MONATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typ nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eliable to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD PRESIDENT ☐ Addition CR2E034 (10/00 Delete TITLE ☐ Change TITLE ANKERBERG, CHARLES W SR. NAME NAME 4114 NARVAREZ WAY, S STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP SECRITARY TRUMSURUR NE XChange ANKERBERG, C. WARREN JR XChange 5190 44 ST. S. Delete TITLE TITLE ANKERBERG, C. WARREN JR. NAME NAME 4114 NARVAREZ WAY, S. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33711 ST-PETERSBURG FL 33012 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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-7IP ☐ Change TITLE ☐ Delete TITLE Addition 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

SIGNATURE: