2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P98000104093 Mar 20, 2000 8:00 am ROBERT A. WILLIS, JR., P.A. **Secretary of State** 03-20-2000 90020 008 ***150.00 Principal Place of Business Mailing Address 730 N. SUNCOAST BLVD. 730 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429-5470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Apt. #. etc 4. FEI Number Applied For City & State 59-3531431 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name WILLIS, ROBERT A JR. Street Address (P.O. Box Number is Not Acceptable) 30 W. Norvell Bryant 730 N. SUNCOAST BLVD. **CRYSTAL RIVER FL 34429** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2F034 (9/99) ☐ Addition ☐ Delete TITLE TITLE WILLIS, ROBERT A JR NAME NAME 20 W. Norvell Bryant Hwy. Hernando, Florida 34443 730 N. SUNCOAST BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY-ST-ZIF ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF ☐ Change - ... ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP