2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000106729 Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** CARLTON & CARLTON, ATTORNEYS AT LAW, P.A. 02-10-2000 90035 018 ***150.00 Principal Place of Business Mailing Address 124 NORTH BREVARD AVENUE 124 NORTH BREVARD AVENUE ARCADIA FL 34266-4404 ARCADIA FL 34266 3. Mailing Address 2. Principal Place of Business P.D. Box 4 West 1940 STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite City & State 4. FEI Number City & State 65-0882077 Not Applicable ARC Ad ARCAD Country \$8.75 Additional 5. Certificate of Status Desired 45A Fee Required 34265 45 A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID CARLTON, DAVID P Street Address (P.O. Box Number is Not Acceptable) 124 NORTH BREVARD AVENUE West DAK STREET ARCADIA FL 34266 Zip Code 34266 8. The above named it#this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. David P. Corlton SIGNATURE DATE 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **Change** ☐ Addition TITLE ☐ Delete TITLE CARLTON, DAVID P. 4 WAST DAK ST., STR. E CARLTON, DAVID P NAME NAME 124 NORTH BREVARD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP ARCADIA, FL. 34266 ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete - - Change - Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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. 13. I hereby certify that the information