2000 UNIFORM BUSINESS REPORT (UB3)

SIGNATURE:

 \mathtt{FILED} DOCUMENT # P9900001127 Aug 23, 2000 8:00 am Secretary of State 1. Entity Name NANCY E. PORTER, INC. 08-02-2000 90152 041 ***550.00 Principal Place of Business Mailing Address 684 B MIDWAY DRIVE 684 B MIDWAY DRIVE OCALA FL 34472 OCALA FL 34472 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number 59- 355 127 7 City & State Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code 9. 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 98 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME PORTER, NANCY E **CR2E034** (STREET ADORESS STREET ADDRESS 684 B MIDWAY DRIVE CITY-ST-ZIP CITY - ST - ZIP **OCALA FL 34472** Delete Change ☐ Addition PORTER, PHYLLIS S NAME STREET ADDRESS STREET ADDRESS 684 B MIDWAY DRIVE CITY-ST-ZIP CITY-ST-7P **OCALA FL 34472** ☐ Change Addition ☐ Delete TITLE TITLE NAME PORTER RAYMOND W NAME STREET ADDRESS STREET ADDRESS 684 B MIDWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34472** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME OF SURE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.