2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2000 8:00 am DOCUMENT # **P99000001513 Secretary of State** TOM HOHENDORFF CONSULTING INC. 03-29-2000 90059 013 ***150.00 Mailing Address Principal Place of Business 138 FAIRWAY TEN DR. 138 FAIRWAY TEN DR. CASSELBERRY FL 32707 CASSELBERRY FL 32707-4823 0 40 0 0 0 0 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Not Applicable Zip Country 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 HOHENDORFF, LYNN Street Address (P.O. Box-Number is Not Acceptable) 138 FAIRWAY TEN DR. CASSELBERRY FL 32707 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. DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ___ Change Addition ☐ Delete TITLE HOHENDORFF. LYNN NAME STREET ADDRESS STREET ADDRESS 138 FAIRWAY TEN DR. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY_ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 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.