2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900004628 May 03, 2000 8:00 am 1. Entity Name NAME CHANGE Secretary of State BEN RUSSEL'S BEST TAX SERVICE -- BOUTH, INC. 05-03-2000 90041 026 ***150.00 Principal Place of Business Mailing Address 1160 N. WATERWAY DRIVE 1160 N. WATERWAY DRIVE BAREFOOT BAY FL 32976 BAREFOOT BAY FL 32976-7631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Number 356 8488 Applied For City & State Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name DAVIDSON, ROBERTA A Street Address (P.O. Box Number is Not Acceptable) 1160 N. WATERWAY DRIVE **BAREFOOT BAY FL 32976** 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. 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 X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT R. Soule, Change TITLE ☐ Delete TITLE NAME NAME BAREFUOT BAY FL 32976 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MCE PRESIDENT ☐ Change Addition TITLE ☐ Delete ELAINE a. Soule NAME NAME STREET ADDRESS 1160 NWATERWAY DR. STREET ADDRESS BAREFOOT BAY FL 32976 City-St-ZiP CITY-ST-ZIP SECRETARY I TREASURER Change TITLE Defete TITLE BENJAMIN R. SOUCE NAME NAME 1160 NWATER WAY DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP BAREFOOT BAY FL 32976 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 trusted 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

DITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E PRESIDENT 4/24/00 321-664-7639

Change

☐ Addition