2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000005976 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** YOUR DATA, INC. 03-01-2000 90069 038 ***150.00 Principal Place of Business Mailing Address 6910 PIONEER ROAD 6910 PIONEER ROAD SEBRING FL 33872-6061 SEBRING FL 33870 2. Principal Place of Business 1511 Hyacinth 3. Mailing Address Suite, Apt. #, elc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Seh R Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BENNETT, KARLA RENE'E Street Address (P.O. Box Number is Not Acceptable) 1104 W. PLEASANT STREET **AVON PARK FL 33825** 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) PVPD P/V/D Change Addition TITLE TITLE ☐ Delete HESTON, DENNIS HESTON, DENNIS NAME 6910 PIONEER ROAD STREET ADDRESS STREET ADDRESS ISII HYACINTH AVE CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP S/T/D ☐ Addition ☐ Delete TITLE HESTON, BRENDA HESTON, BRENDA NAME Sebrina STREET ADDRESS 6910 PIONEER ROAD STREET ADDRESS IS II HYACINTH AVE CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 ☐ Addition TITLE ☐ Delete 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 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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

863-386-0240