2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCÚMENT # P9900006629 Apr 21, 2000 8:00 am Secretary of State SARASOTA LEGAL COPIES, INC. 04-21-2000 90022 029 ***150.00 Principal Place of Business Mailing Address 1800 SECOND STREET 1800 SECOND STREET SHITE 795A SUITE 795A SARASOTA FL 34236 SARASOTA FL 34236-5994 2. Principal Place of Business 3. Mailing Address 1800 Sawad Straut 1800 Second Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 910 Swite 910 City & State 4. FEI Number Applied For City & State Sarasota Sarasot 65-0890669 Not Applicable Country Country \$8.75 Additional ^{Zip} 34236 5. Certificate of Status Desired 4236 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cole R. RHEAL, COLE R Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET 1800 second Street SUITE 795A Suite 910 SARASOTA FL 34236 Zip Code 3 4 2 3 6 registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing/its Cole R. Rheal SIGNATURE 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) X Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. V President ✓ Addition TITLE ☐ Delete cole R. Rheal Cole P. Rhad 1800 Sewad Street Str. 910 NAME NAME STREET ADDRESS STREET ADDRESS Sarasota, FL 34236 CITY-ST-7IP CITY-ST-ZIP **Addition** Susan D. Rhel ☐ Delete TITLE TITLE 1800 Seand Street, Ste. 910 NAME NAME STREET ADDRESS STREET ADDRESS Sarasota, FL 34236 CITY-ST-ZIE CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ 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 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.