2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000007712 DOUBLE BARREL ENTERPRISES, INC. 05-23-2000 90243 030 ***158.75 Principal Place of Business Mailing Address 5713 86TH AVENUE NORTH 5713 86TH AVENUE NORTH PINELLAS PARK FL 33782-5068 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-355458G 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 BESS, DAVID W Street Address (P.O. Box Number is Not Acceptable) 5713 86TH AVENUE NORTH PINELLAS PARK FL 33782 City Zip Code FL formits \$1 is statement \$10 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity s <u>4-30-2000</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. PRESIDENT - SECRETARY DAVID W. BESS 57/3 86Th AVENUE NORTH TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-7IP **Addition** Change Vice-president: TITLE □ Delete TITLE ROBERT L. BESS P.O. BOX 519 - MONTANA PKY FORTWHITE, FL 32038 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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