2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # **P99000010866** May 16, 2000 8:00 am Secretary of State FLORIDA RESEARCH SERVICES, INC. 05-16-2000 90107 004 ***150.00 Mailing Address Principal Place of Business 2211 OAKLANE RD. 2211 OAKLANE RD. VALRICO FL 33594-5228 VALRICO FL 33549 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59 - 35 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 94 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIFFIN, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 2211 OAKLANE RD. VALRICO FL 33548 9 4 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PRESIDENT TITLE ELIZABETH A. GRIFIFIN NAME STREET ADDRESS STREET ADDRESS 2211 OAKLANE RE CITY-ST-7IP CITY-ST-ZIP VALKIED, FL 335 ☐ Addition Change TITLE VICE PRESIDENT TITLE ELIZABETH A. GRIFFIN NAME NAME STREET ADDRESS 2211 OAKLANE RE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO, FL ☐ Change ☐ Addition SECKETARY TITLE A. GRIFFIN NAME ELIZABETH NAME STREET ADDRESS OAKLANE Rd STREET ADDRESS 2211 CITY-ST-ZIP CITY-ST-7IP VALRICO, FL TREASURER ☐ Change ☐ Addition TITLE □ Delete TITLE ELIZABETH A. GRIFFIN NAME NAME STREET ADDRESS 2211 OAKLANE RS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNING OFFICER OR DIRECTOR