2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000017976 DANIEL G. DRAKE, P.A. 03-20-2000 90185 023 ***150.00 Mailing Address Principal Place of Business 417 OVERLAND DR :: TOVERLAND DR BRANDON FL 33511-5998 _ FL 33511 2. Principal Place of Business 420 W. BRANDON BLVD. 3. Mailing Address BRANDON BLVD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ついても Applied For ZANDON Not Applicable RANDON. Country US A \$8.75 Additional 5. Certificate of Status Desired 3511 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRAKE, DANIEL G V. Brandon SLVD. 417 OVERLAND DR **BRANDON FL 33511** 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 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME DRAKE, DANIEL G 420 W. BRANDON BLVD., SUITE 204 STREET ADDRESS 417 OVERLAND DR STREET ADDRESS RANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** DRAKE DANIEL G. Change AA Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-ST-7IP CITY-ST-ZIF Change _ Chadition 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME 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 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

/-/0-00 Date

changed, or on an attach nent with an

SIGNATURE:

address, with all other like