2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

changed, or on an attachment

SIGNATURE:

DOCUMENT # P99000018195 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name BDA CONSULTING, INC. Adam to the 04-28-2000 90066 016 ***150.00 Mailing Address Principal Place of Business 3603 WEST TACON STREET 3603 WEST TACON STREET TAMPA FL 33629-6941 TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address 3014 N N. DAZE MARKY MABRY 3014 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE CUITE 16 Applied For City & State Not Applicable \$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 SWEZEY, MATTHEW H 600 301 BOULEVARD WEST **SUITE 202 BRADENTON FL 34205** Zio Code **33ん**1こ ·郑州湖上(1841)。3 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition CR2E034 (9/99 ☐ Delete TITLE SWEZEY, MATTHEW H NAME STREET ADDRESS 600 301 BOULEVARD WEST #202 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE MATTHEW H. SWEZET NAME 12708 N. OREGON AUE 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 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 13. I hereby certify that the information supplied with this filling 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 in the corporation of the corporation of 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 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of th