2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018283

FILED
00 NOV -2 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name: Fuman Skeeto, Inc.

Principal Place of Business | Mailing Address

2. Principal Place of Business: 8171 Lake Serene Dr.
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32836 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE 2000

4. FEI Number: 59-3565052 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
David H. Hanna, Jr.
7380 Sand Lake Rd., Ste. 340
Orlando, FL 32819

7. Name and Address of New Registered Agent
Name: Andrew Beal
Street Address (P.O. Box Number is Not Acceptable): 7109-429 Yacht Basin Ave.
City: Orlando FL Zip Code: 32835

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: Andrew Beal — Andrew Beal — 10/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President/CEO NAME: Danielle Raabe STREET ADDRESS: 8171 Lake Serene Dr. CITY-ST-ZIP: Orlando, FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio 200003463692---6 -11/15/00--01021--007 ****550.00 ****550.00
TITLE: Vice President/CFO NAME: Christopher A. Kirkpatrick STREET ADDRESS: 8171 ~~Sand~~ Lake Serene Dr. CITY-ST-ZIP: Orlando, FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio 200003463692---6 --11/15/00--01021--008 ****200.00 ****200.00
TITLE: Treasurer NAME: Christopher A. Kirkpatrick STREET ADDRESS: 8171 Lake Serene Dr. CITY-ST-ZIP: Orlando, FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio LS 200003463692---6 -11/15/00--01021--009 ******8.75 ******8.75
TITLE: Secretary NAME: Danielle Raabe STREET ADDRESS: 8171 Lake Serene Dr. CITY-ST-ZIP: Orlando, FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio

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.

SIGNATURE: Danielle Raabe