2000 UNIFORM BUSINESS REPORT (UBR)

42

9/21/00 56/287-0/09 Date Daytime Phone #

1. Entity Name			,		SECRETARY OF STATE				
Moffitt Sundy Consumate, R.A. Principal Place of Business Mailing Address						00 SEP 29 PH 2: 57			
		_			<u> </u>				
2. Principal Place of Business D Cen+Re/ ARKwny Suite, Apt. #, etc.		3. Mailing Address SAAC Suite, Apt. #, etc.			_	DO NOT WRITE I	N THIS SE	PACE	
325 City & State		City & State			4. FE	I Number			applied For
Stuart FL Zip Country		Zíp	Coun	trv		31-1638811		8.75 Ad	lot Applicable
34994	45				5. Certificate of Status Desired Fee Required 7Name and Address of New Registered Agent				
6: Name and Address of Current Registered Agent				Name	ime and Address of New Reg	Izraien Wi	jent		
Timothy K. Swoddy 10 Central Bakung, Such 325 Sturat, FC 34994				Street Address (P.O. Box Number is Not Acceptable)					
10 Cent	no MAKUNY, Juit	L 3 L J					····		
Stupe of	FC 37717			City		<u> </u>	FL	Zip Cod	de .
8. The above	named entity submits this statement	for the purpose of changing i	its register	ed office or regist	tered ager	nt, or both, in the State of Florid	a.		
SIGNATURE _	Signature, typed or printed name of registered ago	ent and title if applicable. (No	OTE: Registere	d Agent signature requi	red when rein	stating)	DATE		
Tax fiting re	oration is eligible to satisfy its Intangit equirement and elects to do so: ia on back)	After MAY 1	2000 Fee	IS \$150.00 will be \$550.00 epartment of S		10. Election Campaign Finan Trust Fund Contribution.	cing		00 May Be ed to Fees
11.		ID DIRECTORS	12.		ADD	ITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS	President Timothy K. Swody 10 Central Makung Shant, or 34959	☐ Delete		ie Eet address				∐ Change	☐ Addition
TITLE	SLIANT, PL 34997	☐ Delete	TITL					☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP		3000034 -10/19/ ****150	000	T075	-013
TITLE NAME STREET ADDRESS		Delete	NAM					☐ Change	
CITY-ST-ZIP				Y-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	cin	HE EET ADDRESS '-ST-ZIP			A	Change	Addition
indicated of the cor	certify that the information supplied v on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an address	t is true and accurate and that opowered to execute this repo	it my signa ort as requ	iti ire enali nave tr	le same le	nai eneci as il mane uniber bai	II. IIIAI I ar	11 211 01110	31 ()] (31) 50(0)

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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MOFFITT & SNODDY Consulting, P. A.

John W. Moffitt, CPA, CVA, CFE Timothy K. Snoddy, CPA, CVA, DABFA

Litigation Support Forensic Accounting Business Valuations Financial Consulting

September 27, 2000

Ms. Kathy Ashton
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32394

Re: MOFFITT & SNODDY CONSULTING, P.A.

Ref. Number: P99000019663

Dear Ms. Ashton:

In response to our telephone conversation on September 14, 2000 and your letter of same date, I am returning herewith our completed 2000 Uniform Business Report along with the annual fee of \$150.00.

As you will recognize from the records, this was the first year as an incorporated business within the state of Florida and therefore, was unaware of this filing requirement until the day I called you. I would therefore, appreciate your consideration of waiving any late filing fees with respect to this matter.

It is my understanding from our telephone conversation that my corporation remains in good standing upon receipt of this form UBR and payment. Should you have any questions or need to discuss this matter further, please contact me.

Very truly yours,

MOFFITT & SNODDY CONSULTING, P. A.

Timothy K. Snoddy, CPA, CVA, DABFA

TKS:js

Enclosure