2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90019-007-$550.00-$550.00

DOCUMENT # P99000023224

1. Entity Name
EXPERIENTIAL AGE, INC.

FILED
00 SEP 25 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7662 CUMBERLAND ROAD LARGO FL 33777	7662 CUMBERLAND ROAD LARGO FL 33777

2. Principal Place of Business	3. Mailing Address
14483 62nd Street, N Suite, Apt. #, etc.	14483 62nd Street, N Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State: Clearwater, Florida
Zip: 33760 Country: Pinellas	Zip: 33760 Country: Pinellas

4. FEI Number: 59-3594117 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUMFIELD, RUSSELL 7662 CUMBERLAND ROAD LARGO FL 33777	Name: SAME - Russell Brumfield Street Address (P.O. Box Number is Not Acceptable): 14483 62nd Street, N City: Clearwater **FL** Zip Code: 33760

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. (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 $550.00** **After SEPTEMBER 13, 2000 Min. will be $750.00** **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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST BRUMFIELD, RUSSELL 7662 CUMBERLAND ROAD LARGO FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14483 62nd Street, N. Clearwater, Florida 33760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 14483 62nd Street, N Clearwater, Florida 33760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ☐ Change ☐ Addition

CR2E034 (5/00)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #