4/24

2000 UNIFORM BUSINESS REPORT (UBR)

Malling Accress or W. Genomes CT TAMPA PL 25811-4778 2. Principal Piaco of Business 2. Suits, Apt. #, etc. Country 6. Name and Address of Current Registered Agent WILLIAMS, MCHAEL T 2503 W AAPDIER CT TAMPA PL 35811 City & State B. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Suits of Forda. Screen Address (P.C. Box. Nomber is Not Acceptability) 8. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Suits of Forda. 8. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Suits of Forda. 8. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Suits of Forda. 8. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Suits of Forda. 8. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Suits of Forda. 8. The above nemed entry uponts this statement for the purpose of changing its registered office or registered agent, or born, in the Registered Agent. Server Address (P.C. Box. Nomber is Not Acceptable) Server Address (P.C. Box. Nomber is Not Acceptable) Server Address (P.C. Box. Nomber is Not Acceptable) Server Address (P.C. Box. Nomber is Not Acceptable in Suits (P.C. Box. N	OCUN Entity Name	UNIFORM BUSING THE STATE OF THE	3946				Secr	FILED 24, 2000 etary of 2000 90148 030 *	State
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City & State Country Country Expression 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, MICHAEL T 2503 W GARDNER CT TAMPA FL 33811 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 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. City FL Zip Code 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. City FL Zip Code The Corporation is effectly to sealts yits intrangible florida exists on both or acceptable to Department of State Address (P.O. Box Number is Not Acceptable) Tax ling requirement and sects to do so. After MAY 1, 2000 Fee will be \$550.00	Principal Pla	ice of Business	3. Mailing Address	_					
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Name	Zip	Country	Zip	Countr	У	5. C	ertificate of Status Desired		
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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. SINATURE Signature, typed or primat rains of registered agent and state agencians. (NOTE: Registered Agent Signature Registered Agent Registered Agent Signature					Street Address	(P.O. Bo	ox Number is Not Acceptable	3)	
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. GNATURE Signature, typed or unread ranke of registroed agent and time of registroed agent, or both, in the State of Florida. GNATURE Signature, typed or unread ranke of registroed agent and time if applicable. (NOTE: Registroed Agent Signature reading which is readed when intreating) After MAY 1, 2000 Fee will be \$550,00 After MAY 1, 2000 Fee will	TAMP	A FL 33611		-	City			Zin Cod	
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3. 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 another my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee emproved 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.	ame Treet address		☐ Deleta	NAM STRE	HE EET ADDRESS	,		☐ Change	☐ Addition
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