## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000023947** 1. Entity Name SIXTH BUSINESS SERVICE GROUP, INC. 04-30-2001 90338 012 \*\*\*150.00 Principal Place of Business Mailing Address 2503 W GARDNER CT 2503 W GARDNER CT TAMPA FL 33611 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR 593651768 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 2503 W GARDNER CT **TAMPA FL 33611** City Zip Code 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) DATE 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, 2001 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 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TATLE TITLE ☐ Delete Addition WILLIAMS, MICHAEL T NAME NAME 2503 W GARDNER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 CITY - ST - ZiP ☐ Delete TITLE ☐ Change Adoltion STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [ Change □ Addition STREE? ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Dalete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Chance NAME NAME STREET ADORESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

STREET ADDRESS

CHY-ST-ZIP

STREET ADDRESS

CITY- ST--ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hael T. Williams 4/24/01 (812)835-4044