2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 02, 2000 8:00 am Secretary of State 06-02-2000 90006 049 ***150.00 াচুকা Place of Business The state of the same of Mailing Address Principal Place of Business 3. Mailing Address Suite HASTINGS & ASSOCIATES, P.A. 2207 54TH ST S GULFPORT, FL 33707 SuitHASTINGS & ASSOCIATES, P.A. 2207 54TH ST S GULFPORT, FL 33707 DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3 Applied For City & State Not Applicable Country Zip. Pinellas Zip \$8.75 Additional Pinellas 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hastinas Street AMASTINGS & ASSOCIATES, (Aceptable) 2207 54TH ST S QULFPORT, FL 33707 City FŁ 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1. 12. ☐ Change Addition ☐ Delete ILE 11715 STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-7IP ☐ Delete TITLE Change Addition TI F NAME STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME AME STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-7IP Change Addition Delete NAME STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete ITLE AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change Addition Defete NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP 3. 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. GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #