2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900035684						F!!	_ED			
DETERMINATORS, INC.					FILED SECRETARY OF STATE MINISTER OF PERPORATIONS					
Principal Place of Business Mailing Address					00 DEC 4 AM 9: 50					
10313 THOMP	SON PLACE	10313 THOMPSON PLACE								
CLERMONT FL	. 34711	CLERMONT FL 34711								
2. Principal P	3. Mailing Address			. 						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
		City & State			4. FEI Number Applied For					1
City & State					4. FEI Numi			No	Applicable	1
Zip	Country	Zip	Zip Coun			e of Status Desired	F	8.75 Add ee Required		
Name and Address of Current Registered Agent				Name	_∴7.≖Name.an	d Address of New I	Registered A	gent		-
DEARDORF, JANET L 10313 THOMPSON PLACE			}	Street Address (P.O. Box Number is Not Acceptable)						1
	RMONT FL 34711								•	1
				City			FL	Zip Code		
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or register	ed agent, or b	oth, in the State of FI	orida.		-	
SIGNATURE .	Signature, typed or printed name of registered age	et and title d applicable. (NOT	E: Banietered	Agent signature required	(when reinstation)		DATE			
9. This corpo	pration is eligible to satisfy its intangib			<u> </u>		In this committee Fi				1
_	equirement and elects to do so.	After SEPTEMBER 1 Make Check Payal			0.00 _{Ti}	lection Campaign Fi rust Fund Contribution	• –		May Be to Fees	
11.	OFFICERS AN	D DIRECTORS	12.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	1_
TITLE	Ca bollo		TITLE					☐ Change	Addition	CR2E034 (5/00)
NAME STREET ADDRESS			NAME	T ADDRESS	2000035002920 -12/13/0001097009					¥
CITY-ST-ZIP	CLERMONT FL 34711			ST-ZIP				<u>097</u> 0	09	Ü
TITLE	VD	☐ Delete	TITLE				50.00	*****15 ☐ Change	Addition	🖔
NAME	DEARDORF, RICHARD A		NAME							
STREET ADDRESS CITY-ST-ZIP	10313 THOMPSON PLACE CLERMONT FL 34711			T ADDRESS ST-ZIP						
TITLE	CLERIMONT FL 34711	☐ Delete	TITLE	31-211			··	☐ Change	Addition	1.
NAME		<u> </u>	NAME		-					
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		<u> </u>		ST-ZIP				Change	Addition	1
TITLE NAME		☐ Delete	TITLE	l				□ cuange	☐ Addition	
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City-st-zip			CITY-	ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			•	ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition	1
NAME STREET ADDRESS			NAME	T ADDRESS				DA) :	1
CITY-ST-ZIP				ST-ZIP) 5 to	-	
		al al (Ella a d		ention stated in So.	ction 119 07(3)(i), Florida Statutes.	Lfurther certi	fy that the in	formation	1

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 trusies 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet L. Deardorff

9-1-00 - 352-394

1394

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

November 29, 2000 ----

To whom it may concern:

Enclosed is my paper work for "Uniform Business Report" with my check for \$150.00 fee.

My account, Linda Borden, who normally takes care of all this for me was diagnosed with thyroid cancer and has been getting treatment most of this year. I did not know her assistant was not taking care of this business report. Linda is now much better and has found all of the information that I just mail to her to handle and it obviously hasn't been handled.

I trust there will not be a problem in accepting this with out the late fees.

Thank you for your assistance...

Sincerely,

Jan Deardorff President

Determinators, Inc.