🖁 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000035767 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name RETROSPECT, INC. 05-16-2000 90006 022 ***158.75 Principal Place of Business Mailing Address 122 TUPELO AVE. P.O. BOX 4507 FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address 9. 0. 000 4507 727 East bunget Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MEN tart Wal Not Applicable Country USA 3254 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUBOIS, PAUL M 122 TUPELO AVE. WATEL ALLOWAY MINAN FT. WALTON BEACH FL 32548 cnoctawnaturee ld 8. The above named entity submits this Agreement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE d name of registered agent a 9. This corporation is eligible to satisfy its Intangual FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS. 12. Addition TITLE lete Paul M. Dubai4 29 choctawn atchee RJ NAME NAME STREET ADDRESS STREET ADDRESS Walton bun, PL 32548 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete J.P. Buchdnan 727 East sunget Blyd. Ft. Walton Bch, Fl NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *316*47 ☐ Change Addition TITI F TITLE Delete sene Jorgensen 38 Minude Strip Brews NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Walton Bun, FL 32548 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee en changed, or on an attachment with an address