2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000037352 Apr 04, 2000 8:00 am Secretary of State TRANSFORMATION ADVISORS, INC. 04-04-2000 90089 017 ***150.00 Principal Place of Business Mailing Address 5192 LOCHWOOD CT 5192 LOCHWOOD CT NAPLES FL 34146-0337 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address POBOX337 356 marquesas ct DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number narco Island. 65-091 3888 Not Applicable MARCO ISLAND Country \$8.75 Additional 5. Certificate of Status Desired 34146 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent M. HEEBERT DIANE CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 MARCO ISLAND 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE DIANE M. HEBBET SEC'Y 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 TITLE Addition TITLE ☐ Delete DIANE M. HER BERT HERBERT, DIANE M NAME NAME 356 MARQUESAS CT. STREET ADDRESS STREET ADDRESS 5192 LOCHWOOD CT MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change ☐ Delete TITLE ☐ Addition PAMELA A Millard MILLARD, PAMELA A NAME 581 Short Rd. STREET ADDRESS STREET ADDRESS 581 SHORT RD DIAMOND SPRINGS, CA 95619 CITY-ST-ZIP CITY-ST-ZIP **DIAMOND SPRINGS CA 95619** Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 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 accuracy with all other like empowered. MARCH 23, 2000 SIGNATURE: