4/72/00 190737 1975 9350 00 9150 00 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000041438 May 17, 2000 8:00 am Secretary of State SUE O'NEAL AGENCY, INC. 04-22-2000 90126 035 ***150.00 Principal Place of Business Mailing Address 2200 KINGS HIGHWAY 2200 KINGS HIGHWAY SUITE 2-H SUITE 2-H PORT CHARLOTTE FL 33980-5760 PORT CHARLOTTE FL 33980 2. Principal Place of Business 3. Mailing Address 2200 Kings Hwy みえのの DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0915266 FL Not Applicable 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 O'NEAL, CYNTHIA S - Street Address (P.O. Box Number is Not Acceptable) 2200 KINGS HIGHWAY SUITE 2-H PORT CHARLOTTE FL 33980 Zip Code City 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 Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/99) ☐ Change TITLE Delete TITLE NAME O'NEAL, CYNTHIA S NAME STREET ADDRESS 2200 KINGS HIGHWAY #2-H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Change Addition 🔲 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ■ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE 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-ZIP 13. 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. SIGNATURE: