2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND

May 02, 2001 8:00 am Secretary of State **DOCUMENT # P99000051749** 1. Entity Name NATURE COAST ACCOUNTING & TAX, INC. 05-02-2001 90202 002 ***150.00 DBA Franklin & Associates Mailing Address Principal Place of Business 5329 MOONGATE RD. 5329 MOONGATE RD. SPRING HILL FL 34606 SPRING HILL FL 34606 3. Mailing Address 2. Principal Place of Business 6129 Delfora BN. 6129 Deltona DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number 59-3633619 City & State City & State Not Applicable \$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 FRANKLIN, JOHN J JR Street Address (P.O. Box Number is Not Acceptable) 5329 MOONGATE RD. SPRING HILL FL 34606 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 John Franklin , Jr. SIGNATURE ame of registered agent and title if applicable 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, 2001 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. Delete TITLE TITLE Franklin, John J. Jr. 6129 Deltona BNO. Spring HILL, FL 34606 FRANKLIN, JOHN J JR. NAME NAME 5329 MOONGATE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-7IP ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT1:Change [Addition 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 ☐ Change ☐ Addition TITLE Detete 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 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:

Daytime Phone #