2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 21, 2000 8:00 am Secretary of State OCUMENT # P99000052673 Entity Name DETING AND ALLEN, INC. 07-21-2000 90149 043 ***150.00 ுழ்த் Place of Business Mailing Address SETON DRIVE 1886 SETON DRIVE ####### FL 33763 CLEARWATER FL 33763-4145 NUDBOIDS Principal Place of Business 3. Mailing Address = Scarlet Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State - City & State. 4. FEI Number Apolied For DIGSMAC 59-3581142-Country Country \$8.75 Additional 34677 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent hambert DICKINSON, ROBERT C III Street Address (P.O. Box Number is Not Acceptable) 31640 US 19 NORTH STE 4 1886 Scton Dr. PALM HARBOR FL 34684 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. NCTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10.-Election Gampalian Financing Tax filing requirement and elects to do so. **\$5.00** мау ве After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Delete CR2E034 (9/99) ☐ Addition LAMBERT, BERNADETTE M NAME + 400RESS 1886 SETON DRIVE STREET ADDRESS 37 - ZIP CITY-ST-ZIP **CLEARWATER FL 33763** D۷ ☐ Delete TITLE Accition Change LAMBERT, JOSEPH A MAME : ADDRESS. 1886 SETON DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763 ☐ Delete ☐ Change Addition LAMBERT, BRIDGET E NAME : ADUBESS 1886 SETON DRIVE-STREET ADDRESS ST - ZIP **CLEARWATER FL 33763** CITY-ST-ZIP ☐ Delete `ntie' ☐ Change Addition ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME 16 DODGGG STREET ADDRESS ST-712 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MAME ADDPESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Thereby certify that the information supplied with this filing does not goaling for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 edgiver or trustee empowered to execute his enough as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is receiver or trustee empowered to hopeburith an address, withell of changed, or on an attach 23 673-855-8997

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A0048702

Berns and Allen Inc

300 Scarlet Blvd Oldsmar Fl 34677 813-855-8993

Dear Sir or Madam

Please accept this letter per my conversation with Stacey today in your reinstatement office.

I explained that on April 23, 2000 I sent my original 2000 Uniform Business Report in with my Business check # 1210 in the amount of 150.00 and as of today the check had not cleared our account.

Stacey informed me to sign the photocopy of the form over my initial signature and return the enclosed copy along with another payment for the filing fee of \$150.00

Should you need to contact me please do so at 813-855-8993.

Thanks

Bernadette Lambert

President / Owner