<u>-2</u> 000	UNIFORM BUS	NESS REPO					
DOCUN 1. Entity Name	MENT # P990000		05-10-2001 901 24 034 ***700.00 P99000053029				
CIRCLE THREE CORPORATION					FILED		
01 1 10		A. 19			01 JUN	19 PM 6:	05
Principal Place of Business Mailing Address 2005 DREW STREET 2005 DREW STREET			o.Bc	0x6163	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
CLEARWATER FL 33758 CLEARWATER FL 33758			37 <i>5</i> 8		I ALLAHAS	SEE, FLORID	i A
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For S9-3(008)9 Not Applied For			
Zip Country		Zip Country		5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Reg		
METZ, RICHARD E				Street Address (P.O. Box Number is Not Acceptable)			
	5 DREW STREET ARWATER FL 33758			Silver Address (r.o. Box Number is Not Acceptable)			
				City	Zip Code		
8. The above named could be statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
4/27/01							
SIGNATURE Signature, Uped-or printed name of registered agent and title If applicable. (NOTE: Registored Agent signature required when reinstating)  DATE							
		After SEPTEMBER 1 Make Check Payab	3, 2000	Min. will be \$75		· ~ ~	.00 May Be ded to Fees
11.	Bichard EME		12. TIRLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
NAME	2095 A Dre	w St.	NAME		les on a sti		
STREET ADDRESS CITY-ST-ZIP	Clearwater	FL33765		ST-ZIP	lease adu	si y)	Addition C
TITLE NAME		Oelete	TITLE NAME	$ \omega $	u ned to	do	☐ Addition C
STREET ADDRESS CITY-S1-ZIP				ST-ZIP	methina	else	
TITLE		☐ Delete	TITLE	-	mething 2		Addition
NAME STREET ADDRESS				ET ADDRESS	Junstal	<i>l</i> .	
TITLE		☐ Delete	TITLE	ST-ZIP	200004 <sup>2</sup> -06/29/	45171	2 Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS	ーU5/23/ ****2(	/UI~=UIUSU ]().()() ***	;==023 :*200.00
CITY-ST-ZIP				-ST-ZIP	15g, 19g assument	1	T addition
TITLE NAME		☐ Delete	NAME				Addition
STREET ADDRESS CITY-ST-ZIP		PART AND	STREE CITY	ET ADDRESS STARRES EN SON CO.	55P (\)		
TITLE		Hemo	A LE	Link	al Oviol	☐ Chang	e 🔲 Addition
STREET ADDRESS			STRE	ET ADDRESS - SI - ZIP	•		
13. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the ever	motion stated in S	ection 119.07(3)(i), Florida Statutes. I f	urther certify that th	ie information
of the co	d on this report or supplemental report proporation or the receiver or trustee em d, or on an attackment with an address	powered to execute this report, with all other like empowered	tas requir Las requir	red by Chapter 60	17, Florida Statutes; and that my name	appears in Block 1	or Block 12 if
SIGNA	<u></u>		,		4/27/01	121 446-1	1981
	SIONATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR	Date	Daytime Phon	) <b>t</b> t